

DELAWARE HEALTH AND SOCIAL SERVICES

Division of Management Services

1901 N. DuPont Highway New Castle, DE 19720

REQUEST FOR PROPOSAL NO. HSS-15-009

FOR

Strategic Prevention Framework (SPF) – Partnership for Success (PFS): Community Based Substance Abuse Prevention Services For Youth and Adults – Implementation Grant

FOR

Department of Health and Social Services
Division of Substance Abuse and Mental Health
1901 North DuPont Highway
New Castle, DE 19720

Deposit Waived Performance Bond Waived

Date Due: March 23, 2015 11:00 A.M. LOCAL TIME

A pre-bid meeting will be held on February 16, 2015 at 10:00 a.m. at Herman Holloway Campus, 1901 N. DuPont Highway, 23 Mitchell Lane, Springer Building, Gymnasium While attendance is not mandatory, entities who wish to bid on this proposal are strongly encouraged to take advantage of this opportunity for face to face discussion with state personnel responsible for managing the contract(s) resulting from this solicitation. To better ensure meeting space will accommodate those desiring to attend, it is requested that bidders limit representation to 2 individuals. Bidders should RSVP by calling (302) 255-9290.

REQUEST FOR PROPOSAL # HSS-15-009

Sealed Proposals for SPF-PFS Community Implementation Grant

for the DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH will be **received** by:

Delaware Health and Social Services
Herman M. Holloway Sr. Campus
Procurement Branch
Main Administration Bldg, Sullivan Street
Second Floor, Room #257
1901 North DuPont Highway, New Castle, Delaware 19720

Proposals will be accepted until 11:00a.m., March 23, 2015. At which time the proposals will be opened and recorded.

A pre-bid meeting will be held on February 16, 2015 at 10:00 a.m. at Herman Holloway Campus, 1901 N. DuPont Highway, 23 Mitchell Lane, Springer Building, Gymnasium For further information please call 302-255-9290.

While attendance is not mandatory, entities who wish to bid on this proposal are strongly encouraged to take advantage of this opportunity for face to face discussion with state personnel responsible for managing the contract(s) resulting from this solicitation.

In the event that state offices are closed on the day of the pre-bid meeting due to a State of Emergency declared by the Governor of Delaware, the pre-bid meeting will be cancelled or postponed. The status of the pre-bid meeting will be posted to the RFP website as soon as possible at http://bids.delaware.gov. If the pre-bid meeting is cancelled, written questions will be accepted, in lieu of the pre-bid meeting, in accordance with the instructions presented in Section VI. D. of this document. If the pre-bid meeting is postponed, the new date and time will be posted to the RFP website.

Obtaining Copies of the RFP

This RFP is available in electronic form [only] through the State of Delaware Procurement Website at http://bids.delaware.gov.

Public Notice

Public notice has been provided in accordance with 29 Del. C. § 6981

NOTIFICATION TO BIDDERS

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. In addition, Bidder shall list any contract awarded to it or its predecessor firm(s) by the State of Delaware during the past ten (10) years if such contract was terminated by the State for cause, and shall include an explanation of the circumstances of such termination.

The Evaluation/Selection Review Committee will consider these Additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid."

There will be a ninety (90) day period during which the agency may extend the contract period for renewal if needed.

IMPORTANT: ALL PROPOSALS MUST HAVE OUR HSS NUMBER ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED YOUR PROPOSAL WILL IMMEDIATELY BE REJECTED.

FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:

Kieran Mohammed

Kieran.mohammed@state.de.us

DELAWARE HEALTH AND SOCIAL SERVICES

PROCUREMENT BRANCH

MAIN ADMIN BLD, SULLIVAN STREET

2ND FLOOR –ROOM #257

1901 NORTH DUPONT HIGHWAY

HERMAN M. HOLLOWAY SR. HEALTH AND

SOCIAL SERVICES CAMPUS

NEW CASTLE, DELAWARE 19720

PHONE: (302) 255-9290

IMPORTANT: DELIVERY INSTRUCTIONS

IT IS THE RESPONSIBILITY OF THE BIDDER TO ENSURE THAT THE PROPOSAL HAS BEEN RECEIVED BY THE PROCUREMENT UNIT OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES BY THE DEADLINE.

<u>ATTENTION BIDDERS:</u> Your proposal <u>must include a cover letter and the forms in Appendices B,C, D and E signed</u> and with all information on the forms complete.

The issuance of this Request for Proposals (RFP) neither commits the

Delaware Department of Health and Social Services, DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH, to award a contract, to pay any costs incurred in the preparation of a proposal or subsequent negotiations, nor to procure or contract for the proposed services. The Division reserves the right to reject or accept any or all proposals or portion thereof, to cancel in part or in its entirety this Request for Proposals, or to delay implementation of any contract which may result, as may be necessary to meet the Department's funding limitations and processing constraints. The Department and Division reserve the right to terminate any contractual agreement upon fifteen (15) days notice in the event that the State determines that State or Federal funds are no longer available to continue the contract.

Organizations Ineligible to Bid

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.

REQUEST FOR PROPOSAL FOR

SPF-PFS: COMMUNITY BASED SUBSTANCE ABUSE PREVENTION SERVICES FOR YOUTH AND ADULTS - IMPLEMENTATION GRANT

FOR

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Availability of Funds

Funds are available for the selected vendor(s) to provide services in the area of SPF-PFS Community Evaluation Team as set forth herein. The initial term is **one** (1) **year renewable up to four** (4) **additional years** as long as sufficient funding is available and the contractor's performance is satisfactory, consistently meets performance targets, and continues to meet the service system design needs of the DSAMH. DSAMH reserves the right to deny additional funding for programs/staff/projects that are currently receiving SPF State Incentive Grant funds

NOTE TO BIDDERS

Implementation Grants will provide primary prevention in the four sub state planning regions (the City of Wilmington, the remainder of New Castle County, Kent County, and Sussex County) or statewide.

DSAMH may fund a maximum of **ten** (10) Implementation Grants. Implementation Grants shall not exceed **\$150,000** per award. If sub-state planning regions do not submit sufficient Implementation Grant applications, funds will be distributed equitably to other regions demonstrating need contingent upon DSAMH's competitive RFP process.

Applicants must clearly describe geographic area(s) to be served and proposed program locations of primary prevention services.

Proposals will be scored and funded based on incidence rates of indicated SPF-PFS priority and by existing or developable capacity to address the problem. The Division is particularly interested in applications that propose to provide services in those geographic areas of high risk that are identified in the Epidemiological Profile (which can be accessed at www.udel.edu/delawaredata).

Successful applicants will be funded utilizing an equity allocation formula.

Pre-Bid Meeting

A pre-bid meeting will be held on **Monday, February 16, 2015 at 10:00 a.m.** at the following location.

Herman M. Holloway Sr. Campus Springer Building 23 Mitchell Lane Gymnasium 1901 North DuPont Highway New Castle, Delaware 19720

Bidders may ask clarifying questions regarding this request for proposal at the pre-bid meeting. Responses to questions posed at the pre-bid meeting will be distributed to bidders attending the pre-bid meeting.

Further Information

Inquiries regarding this RFP should be addressed to:

Ceasar McClain Contracts Manager dsamhbusinessoperations@state.de.us

Restrictions on Communications with State Staff

From the issue date of this RFP until a contractor is selected and the selection is announced, bidders are NOT allowed to contact any **DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH** staff, except those specified in this RFP, regarding this procurement. Contact between contractors and **DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH** is restricted to emailed or faxed questions concerning this proposal. Questions must be submitted in writing and will be addressed in writing.

Questions are due by **Monday, February 23, 2015** the complete list of questions and their answers will also be posted on the internet at http://bids.delaware.gov

Following the submission of written questions after the Pre-Bid meeting, bidder communication is limited to Kieran Mohammed, Delaware Health and Social Services. The central phone number for the Procurement office is (302) 255-9290. Failure to adhere to this limitation will be grounds for disqualification from the bidding process and the immediate rejection of the offending party's proposal.

Contact with State Employees

Direct contact with State of Delaware employees other than the State of Delaware Designated Contact(s) regarding this RFP is expressly prohibited without prior consent. Vendors directly contacting State of Delaware employees risk elimination of their proposal from further consideration. Exceptions exist only for organizations currently

doing business in the State who require contact in the normal course of doing that business. In the case of such exception, communication may not include an active RFP.

Collusion or Fraud

Any evidence of agreement or collusion among Vendor(s) and prospective Vendor(s) acting to illegally restrain freedom from competition by agreement to offer a fixed price, or otherwise, will render the offers of such Vendor(s) void.

By responding, the Vendor shall be deemed to have represented and warranted that its proposal is not made in connection with any competing Vendor submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud; that the Vendor did not participate in the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance; and that no employee or official of the State of Delaware participated directly or indirectly in the Vendor's proposal preparation.

Advance knowledge of information which gives any particular Vendor advantages over any other interested Vendor(s), in advance of the opening of proposals, whether in response to advertising or an employee or representative thereof, will potentially void that particular proposal.

Lobbying and Gratuities

Lobbying or providing gratuities shall be strictly prohibited. Vendors found to be lobbying, providing gratuities to, or in any way attempting to influence a State of Delaware employee or agent of the State of Delaware concerning this RFP or the award of a contract resulting from this RFP shall have their proposal immediately rejected and shall be barred from further participation in this RFP.

The selected Vendor will warrant that no person or selling agency has been employed or retained to solicit or secure a contract resulting from this RFP upon agreement or understanding for a commission, or a percentage, brokerage or contingent fee. For breach or violation of this warranty, the DSAMH shall have the right to annul any contract resulting from this RFP without liability or at its discretion deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

All contact with State of Delaware employees, contractors, vendors or agents of the State of Delaware concerning this RFP shall be conducted in strict accordance with the manner, forum and conditions set forth in this RFP.

Solicitation of State Employees Prohibited

Until contract award, Vendors shall not, directly or indirectly, solicit any employee of the State of Delaware to leave the State of Delaware's employ in order to accept employment with the Vendor, its affiliates, actual or prospective contractors, or any person acting in concert with Vendor, without prior written approval of the DHSS' contracting officer. Solicitation of State of Delaware employees by a Vendor may result in rejection of the Vendor's proposal.

This paragraph does not prevent the employment by a Vendor of a State of Delaware employee who has initiated contact with the Vendor. However, State of Delaware employees may be legally prohibited from accepting employment with the Vendor or subcontractor under certain circumstances. Vendors may not knowingly employ a person who cannot legally accept employment under State or Federal law. If a Vendor discovers that they have done so, they must terminate that employment immediately.

Independent contractors

The parties to the contract shall be independent contractors to one another, and nothing herein shall be deemed to cause this agreement to create an agency, partnership, joint venture or employment relationship between parties. Each party shall be responsible for compliance with all applicable workers compensation, unemployment, disability insurance, social security withholding and all other similar matters. Neither party shall be liable for any debts, accounts, obligations or other liability whatsoever of the other party or any other obligation of the other party to pay on the behalf of its employees or to withhold from any compensation paid to such employees any social benefits, workers compensation insurance premiums or any income or other similar taxes. It may be at the DHSS' discretion as to the location of work for the contractual support personnel during the contract period.

Licenses and Permits

In performance of the contract, the Vendor will be required to comply with all applicable Federal, State and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful Vendor. The Vendor shall be properly licensed and authorized to transact business in the State of Delaware as provided in 30 *Del. C.* § 2301.

Prior to receiving an award, the successful Vendor shall either furnish the DSAMH with proof of State of Delaware Business Licensure or initiate the process of application where required. An application may be requested in writing to: Division of Revenue, Carvel State Building, P.O. Box 8750, 820 N. French Street, Wilmington, DE 19899 or by telephone to one of the following numbers: (302) 577-8200—Public Service, (302) 577-8205—Licensing Department.

Information regarding the award of the contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject Vendor to applicable fines and/or interest penalties.

Indemnification

1. General Indemnification.

Vendor will hold harmless, indemnify and defend the Department, the State of Delaware and their agents, employees, or officers of the State of Delaware from any and all suits, actions, losses, liability, damages (including punitive damages), expenses, reasonable attorney fees (including salaries of attorneys regularly employed by the State of Delaware), judgments, or settlements incurred by the Department, the State of Delaware or their agents, employees, or officers arising out of the provision of services by vendor, its employees, or subcontractors under the contract, including direct or indirect negligence or intentional acts of omission or commission, and professional malpractice regardless of any negligence by employees or officials of the Department. The legal duties and responsibilities set forth in this paragraph include the duty to cooperate with the Department, its employees, and attorneys in the defense of any legal action against the State, its agents, employees, or officers arising out of the provision of services by Vendor, which involve claims related to an offender's medical care, or which require information or testimony from vendor's employees or contractors.

2. Proprietary Rights Indemnification

Vendor shall warrant that all elements of its solution, including all equipment, software, documentation, services and deliverables, do not and will not infringe upon or violate any patent, copyright, trade secret or

other proprietary rights of any third party. In the event of any claim, suit or action by any third party against the State of Delaware or DHSS, DHSS shall promptly notify the Vendor in writing and Vendor shall defend such claim, suit or action at Vendor's expense, and Vendor shall indemnify the State of Delaware and the DHSS against any loss, cost, damage, expense or liability arising out of such claim, suit or action (including, without limitation, litigation costs, lost employee time, and counsel fees) whether or not such claim, suit or action is successful.

If any equipment, software, services (including methods) products or other intellectual property used or furnished by the Vendor (collectively ""Products") is or in Vendor's reasonable judgment is likely to be, held to constitute an infringing product, Vendor shall at its expense and option either:

- (a) Procure the right for the DHSS to continue using the Product(s);
- **(b)** Replace the product with a non-infringing equivalent that satisfies all the requirements of the contract; or
- (c) Modify the Product(s) to make it or them non-infringing, provided that the modification does not materially alter the functionality or efficacy of the product or cause the Product(s) or any part of the work to fail to conform to the requirements of the Contract, or only alters the Product(s) to a degree that the DHSS agrees to and accepts in writing.

REQUEST FOR PROPOSAL FOR

STRATEGIC PREVENTION FRAMEWORK – PARTNERSHIP FOR SUCCESS: COMMUNITY BASED SUBSTANCE ABUSE PREVENTION SERVICES FOR YOUTH AND ADULTS - IMPLEMENTATION GRANT

FOR

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

I. INTRODUCTION

A. Background

The Division of Substance Abuse and Mental Health (DSAMH) is responsible for adhering to the responsibilities assigned in the role of the single state agency (SSA) for the State of Delaware. DSAMH is responsible for the development and implementation of a state plan for prevention and treatment, coordination of state and federal funding, and development of standards for the certification and approval of prevention and treatment programs. Through contracted providers, DSAMH provides comprehensive prevention and treatment services to Delaware's adult populations, with emphasis on services for adults with addictive disorders and mental health conditions.

The Strategic Prevention Framework – Partnership for Success (SPF-PFS) provides an effective, comprehensive prevention process. It is built on a community-based approach to prevention and a series of implementation principles that can be operationalized at the Federal, State, and community levels. Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP). Awarded through a cooperative agreement between the Office of the Governor of the State of Delaware and SAMHSA/CSAP, the Delaware SPF-PFS is administered by Delaware's Department of Health and Social Services, Division of Substance Abuse and Mental Health (DHSS/DSAMH).

The Delaware Strategic Prevention Framework Partnership for Success (SPF-PFS), supported by the Division of Substance Abuse & Mental Health, will serve as the contractor for this effort and will be responsible for managing all aspects of the subcontract process, from applicant solicitation, review, selection, and award, to program monitoring, follow-up, and reporting.

B. Project Overview

DSAMH is seeking applications from eligible community based organizations to provide comprehensive substance abuse prevention services to Delawareans in communities within the four sub-state planning regions (City of Wilmington, the remainder of New Castle County, Kent County and Sussex County) and/or statewide.

1) Delaware Strategic Prevention Framework – Partnership for Success

The purpose of the Strategic Prevention Framework – Partnership for Success (SPF-PFS) is to institutionalize the Strategic Prevention Framework (SPF) throughout the state to develop and enhance

Delaware's substance abuse prevention system, and to support the development of a prevention infrastructure linking state services and communities.

SAMHSA's Strategic Prevention Framework (SPF), a five (5) step planning process that guides the selection, implementation, and evaluation of evidence-based, and culturally appropriate, sustainable prevention activities.

STEP 1: Assessment: Profile population needs, resources, and readiness to address needs and gaps in service delivery;

STEP 2: Capacity Building: Mobilize and/or build capacity to address needs;

STEP 3: Planning: Develop a comprehensive Strategic Plan;

STEP 4: Implementation: Identify and implement evidence-based prevention programs, policies, and/or practices;

STEP 5: Evaluation: Monitor and evaluate programs, policies, and/or practices.

Note: Cultural competence and sustainability *must* be incorporated in all steps of the SPF.

The goals of the Delaware SPF-PFS are to:

- ♦ Increase knowledge, skills, and behavior of Delawareans across the lifespan to prevent and reduce the misuse and abuse of alcohol
- ◆ Provide primary prevention activities to prevent and reduce alcohol misuse and abuse through a comprehensive set of strategies with emphasis on policy and/or environmental changes
- Reduce risk and increase protective factors related to the misuse and abuse of prescription drugs
- ♦ Reduce risk and increase protective factors to delay the onset, reduce misuse and prevent abuse of alcohol Delawareans ages 12-25
- ♦ Increase community capacity to implement successful prevention strategies and address gaps in service; and
- Produce measurable, statewide change and sustainable outcomes within Delaware communities.

Delaware's SPF-PFS funding is targeted for community-level implementation substance abuse prevention strategies. Strategies include, but are not limited to, evidence-based programs, policies, and practices (i.e., educational workshops, provision of substance abuse related booklets within communities, alternative activities, media campaigns, etc.).

Each successful applicant must respond to the Statewide Priorities:

- Reduce past month alcohol misuse and abuse of Delaware residents 12-25 years of age.
- ♦ Reduce risk and increase protective factors to delay the onset, reduce misuse and prevent abuse of prescription drugs among Delawareans ages 12 25

Indicators of change may include, but are not limited to: a decrease of underage and binge drinking (consumption), alcohol related traffic crashes, death, and/or injuries (consequences).

• Communities that want to focus on an additional substance abuse priority must provide relevant data to support its approval.

Through the SPF-PFS RFP process, applicants may apply for an Implementation Grant to provide primary prevention2 services targeting individuals, 12-25 years of age, in the four sub state planning regions (the City of Wilmington, the remainder of New Castle County, Kent County, and Sussex County).

C. Funding and Program Capacity

DSAMH will enter into a cost reimbursement contract with the successful applicant(s) to provide the range of services stipulated in this RFP for the first contract period.

The contract(s) will be awarded for one (1) year renewable for an additional four (4) years contingent on sufficient funding availability and the contractor's performance is satisfactory, consistently meets performance targets, and continues to meet the service system design needs of the DSAMH.

II. TARGET POPULATION

Delaware is divided into four sub-state planning regions designated by SAMHSA's Office of Applied Studies and adopted by Delaware's State Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA). The planning regions are defined as follows: the city of Wilmington (72,664); the remainder of New Castle County (523,852); Kent County (127,103); and Sussex County (175,818). The State is unique in that the northernmost county, New Castle, is decidedly urban, while the two southern counties, Kent and Sussex, have largely rural characteristics

The SPF-PFS shall target Delawareans statewide and/or in a substate planning region based on an identified community. The Delaware Advisory Council (DAC) has defined community as an organization, group, or partnership with a common purpose; a group may be defined (but not limited) by age, culture, ethnicity, faith or spirituality, gender, geographic location, race, or socio economic status.

The target population shall address Delaware's statewide SPF PFS priorities:

- ◆ To reduce past month alcohol misuse and abuse of Delaware residents 12-25 years of age. Indicators of change may include, but are not limited to: a decrease of underage and binge drinking (consumption), alcohol related traffic crashes, death, and/or injuries (consequences).
- To reduce the misuse and abuse of prescription drugs among Delaware residents 12-25 years of age.
- Communities that want to focus on an additional substance abuse priority must provide relevant data to support its approval.

The following data includes, but is not limited to, high risk groups associated with the abuse and misuse of alcohol for the State of Delaware:

- 8th Grade students: Past month use4- 22% prevalence; Binge Drinking5- 10% prevalence
- ◆ 9th 12th Grade Students: Past month use- 41% prevalence; Binge Drinking- 26%
- ♦ prevalence
- ♦ 18 20 year olds: Binge Drank in the past month- 23% prevalence
- University Students (UD): Binge Drank in the past month- 64% prevalence

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) has defined Primary Prevention as: activities designed to prevent substance abuse before any signs of a problem appear. Also, strategies designed to decrease the number of new cases of a disorder or illness. Primary prevention activities are NOT services implemented with individuals that

- ♦ Women of child bearing age (18 44): Past month use- 55% prevalence; Binge Drank- 17%
- ♦ Adults (18 and older): Past month use- 57% prevalence; Binge Drinking- 18% prevalence; Heavy Drinkers6- 6% prevalence

DSS: Delaware School Survey, the annual survey of Delaware 5th, 8th and 11th graders; YRBS: Youth Risk Behavior Survey, the biennial survey of Delaware high school students; CRBS: College Risk Behavior Survey, the annual survey of a sample of University of Delaware students; BRFSS: Behavior Risk Factor Surveillance Survey, administered in Delaware by the Department of Public Health.

III. Applicant Organization Eligibility

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.

Applications for this RFP will be accepted from any non-profit, for profit or faith based organizations whose hiring and operational practices comply with all federal and State of Delaware laws and regulations. The organization will be required to provide evidence that both the applicant organization and the lead management staff proposed for the program have the knowledge and experience, as well as the depth of staffing, to provide the required services.

Applicant organization eligibility is determined by the following criteria:

- ♦ Must have a minimum of five years documented, relevant, experience before the application date working with target population, statewide, or in the sub state planning region or community;
- ♦ Must have successfully managed a grant in similar size and complexity; Must have organizational structure to effectively supervise grant activities;
- ♦ Must have successfully completed financial audit within the past two years; and Applicants must have a documented organizational structure (i.e. Board of Directors; Advisory or Executive Committee; Memorandum of Agreement or Understanding from collaboration or partnership organization responsible for the effective implementation of grant activities).

Applicants must submit a Strategic Plan incorporating all five steps of the SPF model (Assessment, Capacity, Planning, Implementation, and Evaluation). Successful applicants will receive final approval of Strategic Plans by the end of month two (2) of the contract.

Successful Applicants awarded Implementation Grants will be expected to participate in local, state and national (as needed) meetings; share effective implementation strategies; lessons learned; discuss data needs and utilization and discuss solutions to implementation issues.

³ Past month use is defined as use within the past 30 days.

⁴ Binge drinking is defined as 3 or more drinks at a time in the past 2 weeks for a high school student (DSS), 5 or more drinks in a row in the past month (YRBS) for high school students, 5 drinks for a man and 4 drinks for a woman for those over age 18 (CRBS and BRFSS).

⁵ Heavy drinker is defined as more than 2 drinks daily for a man or more than one drink daily for a woman.

The SPF PFS includes a national cross-site and a statewide evaluation which successful applicants must participate in. All evaluation efforts will address all five steps of the SPF. The Delaware SPF PFS Evaluation Team will provide training and technical assistance to successful applicants.

IV. SCOPE OF SERVICES

The purpose of the Strategic Prevention Framework – Partnership for Success (SPF-PFS) is to institutionalize the Strategic Prevention Framework (SPF) throughout the state to develop and enhance Delaware's substance abuse prevention system.

The SPF-PFS funding is provided by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP). The Delaware SPF- SIG is a cooperative agreement between the Office of the Governor of the State of Delaware and SAMHSA/CSAP. Delaware's Department of Health and Social Services, Division of Substance Abuse and Mental Health (DHSS/DSAMH) administers the SPF-PFS on behalf of the Governor.

The SPF model is a public health, outcome-based prevention approach developed by SAMHSA/CSAP.

The SPF-PFS is built on a community-based approach to prevention and a series of implementation principles that can be operationalized at the state and community level. SPF-PFS provides an effective, comprehensive prevention process and common set of goals to be adopted and integrated at all levels. Research has shown that to effectively change attitudes, perception, and ultimately behavior, prevention strategies must include a comprehensive approach that addresses both the individual and the environment.

The goals of the SPF-PFS initiative are to provide funding to States in order to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance abuse-related problems; and
- Building prevention capacity and infrastructure at the state and community-level

Applicants must comprehensively describe how the Strategic Prevention Framework (SPF) will be implemented within their community, specifically addressing the elements described below.

The SPF is a five step planning process. The Five Steps of the Framework are:

- 1. *Assessment*: Profile population needs, resources, and readiness to address needs and gaps in service delivery:
- 2. Capacity Building: Mobilize and/or build capacity to address needs;
- 3. Planning: Develop a comprehensive Strategic Plan;
- 4. *Implementation*: Implement evidence-based prevention programs, policies, and/or practices;
- 5. Evaluation: Monitor and evaluate programs, policies, and practices.

Have been in treatment or are currently in treatment. Primary prevention is not part of an individual's treatment plan.

Cultural competence and sustainability must be incorporated in all steps of the SPF.

⁶ For-profit as well as non-profit organizations must keep in mind that they cannot profit from Health and Human Services (HHS) grants, such as the SPF-PFS. For-profit as well as non-profit organizations cannot place grant funds into an interest bearing bank account whereby they may profit from interest income.

More information on SAMHSA, CSAP, SPF-PFS and other substance abuse related issues can be found at www.prevention.samhsa.gov.

V. Quality Improvement

All proposals shall include a formal plan for identifying, evaluating and correcting deficiencies in the quality and quantity of services to be provided under any resulting contract arising out of this RFP. Responsive proposals shall include a specific section entitled "Quality Improvement" which shall include proposed contractor "performance targets; how these will be evaluated, tracked and reported; and include an understanding that DSAMH will be involved in setting up these performance targets. The requirement contained in this paragraph is an essential and material term of any proposal. The failure to include a "quality Improvement" section containing the above minimum core requirements shall be grounds to deem such proposals non-responsive. Vendors selected for contract negotiations should be aware that DHSS intends to include a robust "Quality Improvement" methodology into any contact resulting from this RFP. DHSS reserves the right to accept or reject, in whole or in part, or to negotiate any port of the proposal's "Quality Improvement" section during the negotiation phase of this matter. DHSS also reserves the right to attach financial incentives for compliance and financial penalties for noncompliance with the terms and requirements of the "Quality Improvement" section of any contract arising out of this RFP.

VI. Record Keeping Requirements:

The contractor shall provide monthly statistical reports, as defined by DSAMH, to monitor program activities, client demographics, program performance and outcomes.

The contractor will be required to submit Consumer Reporting Forms (CRF) on all uninsured individuals served on admission and discharge.

VII. SPECIAL TERMS AND CONDITIONS

A. Length of Contract

The contract(s) initial term is **one year, renewable up to four (4) additional years,** based on funding availability and contractor performance

B. Subcontractors

The use of subcontractors will NOT be permitted for this project for Core Services.

C. Funding Disclaimer Clause

State Appropriations Mandatory Condition of State Performance. Validity and enforcement of any resulting Contract is subject to appropriations by the General Assembly of the State of Delaware of the specific funds necessary for Contract performance. Should such funds not be so appropriated Delaware may immediately terminate this Contract, and absent such action this Contract shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is

available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds. Notwithstanding any other provisions of this RFP, any resulting Contract shall terminate and Delaware's obligations under it shall be extinguished at the start of the fiscal year in which Delaware fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which will then become due.

D. Reserved Rights

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all proposals received in response to this RFP;
- Select a proposal other than the one with the lowest cost;
- Waive or seek clarification on any information, irregularities, or inconsistencies in proposals received;
- Negotiate as to any aspect of the proposal with the bidder and negotiate with more than one bidder at a time;
- If negotiations fail to result in an agreement within two (2) weeks, the Department may terminate negotiations and select the next most responsive bidder, prepare and release a new RFP, or take such other action as the Department may deem appropriate.

E. Termination Conditions

The Department may terminate the contract resulting from this RFP at any time that the vendor fails to carry out its provisions or to make substantial progress under the terms specified in this RFP and the resulting proposal.

Prior to taking the appropriate action as described in the contract, the Department will provide the vendor with thirty (30) days notice of conditions endangering performance. If after such notice the vendor fails to remedy the conditions contained in the notice, the Department shall issue the vendor an order to stop work immediately and deliver all work and work in progress to the State. The Department shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

The Contract may be terminated in whole or part:

- a) by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance,
- b) by the Department upon fifteen (15) calendar days written notice of the loss of funding or reduction of funding for the stated Contractor services,
- c) by either party without cause upon thirty (30) calendar day's written notice to the other Party, unless a longer period is specified.

F. Contractor Monitoring/Evaluation

The contractor may be monitored/evaluated on-site on a regular basis. Failure of the contractor to cooperate with the monitoring/evaluation process or to resolve any problem(s) identified in the monitoring/evaluation may be cause for termination of the contract.

G. Payment:

The agencies or school districts involved will authorize and process for payment each invoice within thirty (30) days after the date of receipt. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.

H. W-9 Information Submission

<u>Awarded</u> vendors will be required to submit their Form W-9 by accessing this website, http://accounting.delaware.gov/. The vendor will complete the secure form, read the affirmation, and submit the form by clicking the "Submit" button. Delaware Division of Accounting staff will review the submitted form for accuracy, completeness, and standardization. Once all the requirements are met, the form will be uploaded to the vendor file and approved. The vendor is then able to be paid for services provided.

For those vendors that do not have internet access, a printable version of the Delaware Substitute Form W-9 can be faxed or mailed to the vendor. Upon completion, the vendor will then fax or mail the form directly to the vendor staff at the Delaware Division of Accounting. All vendor requests, additions and changes, will come directly from the vendor. Questions for vendors who do not have internet access, contact vendor staff at (302) 734-6827.

This applies only to the successful bidder and should be done when successful contract negotiations are completed. It is not a required to be done as part of the submission of the bidder's proposal.

I. State of Delaware Required Reporting

One of the primary goals in administering this contract is to keep accurate records regarding its actual value/usage. This information is essential in order to update the contents of the contract and to establish proper bonding levels if they are required. The integrity of future contracts revolves around our ability to convey accurate and realistic information to all interested Vendors.

A Usage Report (Attachment 1) shall be furnished on the 15th (or next business day after the 15th day) of each month by the successful Vendor **Electronically in Excel format** detailing the purchasing of all items on this contract. The reports (Appendix H) shall be submitted electronically in <u>EXCEL</u> and sent as an attachment to <u>dsamhbussinessoperations@state.de.us</u>. It shall contain the six-digit department and organization code. Any exception to this mandatory requirement may result in cancellation of the award. Failure to provide the report with the minimum required information may also negate any contract extension clauses. Additionally, Vendors who are determined to be in default of this mandatory report requirement may have such conduct considered against them, in assessment of responsibility, in the evaluation of future proposals.

In accordance with Executive Order 44, the State of Delaware is committed to supporting its diverse business industry and population. The successful Vendor will be required to accurately report on the participation by Diversity Suppliers which includes: minority (MBE), woman (WBE), veteran owned business (VOBE), or service disabled veteran owned business (SDVOBE) under this awarded contract. The reported data elements shall include but not be limited to; name of state contract/project, the name of the Diversity Supplier, Diversity Supplier contact information (phone, email), type of product or service provided by the Diversity Supplier and any minority, women, veteran, or service disabled veteran certifications for the subcontractor (State OSD certification, Minority Supplier Development Council, Women's Business Enterprise Council, VetBiz.gov). The format used for Subcontracting 2nd Tier report is shown as in Attachment 8.

Accurate 2nd tier reports shall be submitted to the contracting Agency's Office of Supplier Diversity at vendorusage@state.de.us on the 15th (or next business day) of the month following each quarterly period. For consistency quarters shall be considered to end the last day of March, June, September and December of each calendar year. Contract spend

J. Data Submission

Effective 7/1/2012 all providers submitting electronic data will be required to use the state's Secure File Transfer Protocol (SFTP) site. Providers who are not able to install the SFTP software must submit a request to use other reporting methods. Other reporting methods include encrypted message or hand carried. The request must clearly explain the provider's inability to use the SFTP site. Contact the DSAMH Management Information Systems (MIS) unit for information on creating an account and any other questions or concerns about data reporting requirements.

Data submission elements will be specified in the scope of work for each contract.

To accomplish this several authorization forms need to be completed and returned to the DSAMH MIS unit. In addition, SFTP client software is required to be installed on your computer for the file transfer. This software is available free on the Internet.

The following links contain instructions necessary for setting up the software and authorization forms.

- Secure File Transfer Memorandum of Agreement http://dhss.delaware.gov/dhss/dms/irm/files/sftpmoa01292010.pdf
- 2. Secure File Transfer User Procedures http://dhss.delaware.gov/dhss/dms/irm/files/sftpuserprocedures 20120611.pdf
- 3. DHSS SFTP Quick Start Guide http://dhss.delaware.gov/dhss/dms/irm/files/sftpquickstartguide06112012.pdf
- 4. Biggs Data Center User Authorization Form (UAF) http://www.dhss.delaware.gov/dms/files/authoriz.pdf
- 5. Instructions for completing Biggs Data Center UAF http://www.dhss.delaware.gov/dms/files/uafinstructions011007.pdf
- 6. Biggs Data Center Non-Disclosure Form

http://www.dhss.delaware.gov/dhss/dms/files/irmnon-d02072013.pdf

7. DTI State Information Transport Network (SITN) Acceptable Use Policy http://dti.delaware.gov/pdfs/pp/AcceptableUsePolicy.pdf

Providers requiring access to the SFTP site must identify an organizational point of contact and list all employees who will require site access. The Provider will maintain the accuracy of the list providing updates to DSAMH as changes occur.

DSAMH is in the process of requirements definition for a future EHR/EMR module that will be developed as part of the consolidated DHSS EMR system by Core Solutions, Inc. that is being currently being implemented for two other DHSS divisions. DSAMH would like to develop a HLT interface between the Core module to be developed for DSAMH and bidder's software. Preference will be given to bidders who have successfully developed an interface to an EMR system. Bidder will describe their relevant experience in this area, their ability to develop this proposed interface and suggest what would need to be developed by your firm vs. Core Solutions. Development of this interface will not be part of this contract and bidder is not expected to propose anything at this point. We are only asking bidders to describe their knowledge and capabilities in this area. Development of this interface would be at the sole discretion of the State at some future date and would be done through an amendment to this contract.

VIII. TECHNICAL PROPOSAL REQUIREMENTS:

Definitions of Requirements

To prevent any confusion about identifying requirements in this RFP, the following definition is offered: The words *shall*, *will* and/or *must* are used to designate a mandatory requirement. Vendors must respond to all mandatory requirements presented in the RFP. Failure to respond to a mandatory requirement may cause the disqualification of your proposal.

Proposals shall contain the following information, adhering to the order as shown:

A. Bidder's Signature Form

This form, found in the Appendix B, must be completed and signed by the bidder's authorized representative.

B. Title Page

The Title page shall include: 1) the RFP subject; 2) the name of the applicant; 3) the applicant's full address; 4) the applicant's telephone number; 5) the name and title of the designated contact person; and 6) bid opening date (listed on page one of this RFP).

C. Table of Contents

The Table of Contents shall include a clear and complete identification of information presented by section and page number.

D. Confidential Information

The following items, if required in response to this RFP, are to be included in a separate section of your proposal and marked as confidential. These items are: 1) any financial information relating to the company or organization (not the RFP pricing or budget); 2) Organization Charts.

E. Qualifications and Experience

This section shall contain sufficient information to demonstrate experience and staff expertise to carry out the project. A statement must be included that the vendor either has or certifies he/she will secure a Delaware Business License prior to initiation of the project. Attach articles of incorporation and IRS certification of tax exempt status if applicable.

The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats). If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding organization, applications shall provide detailed job descriptions, including required qualifications and experience.

If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor.

F. Bidder References

The names and phone numbers of at least three (3) organizations/agencies for whom the vendor carried out a similar project must be included. If no similar project has been conducted, others requiring comparable skills can be used.

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. In addition, Bidder shall list any contract awarded to it or its predecessor firm(s) by the State of Delaware during the past ten (10) years if such contract was terminated by the State for cause, and shall include an explanation of the circumstances of such termination.

The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid

G. Proposed Methodology and Work Plan

This section shall describe in detail the approach that will be taken to carry out the activities described in the Scope of Services section of this RFP. Specific completion dates for the various tasks must be shown. The workplan shall outline specific objectives, activities and strategies, and resources.

Organizational Information

Applicant organization eligibility is determined by the following criteria:

- Must have a minimum of five years documented, relevant, experience before the application date working with target population, statewide, or in the sub state planning region or community;
- Must have successfully managed a grant in similar size and complexity;
- Must have organizational structure to effectively supervise grant activities;
- Must have successfully completed financial audit within the past two years; and
- ◆ Applicants must have a documented organizational structure (i.e. Board of Directors; Advisory or Executive Committee; Memorandum of Agreement or Understanding from collaboration or partnership organization responsible for the effective implementation of grant activities).

A Proposal Narrative should reflect a flexible and responsive implementation process that responds to changing data and new information on problem behaviors in the community. Applicants for Implementation Grants must address the following criteria in their Implementation Grant Application:

- **♦** Assessment
- ♦ Capacity
- ♦ Planning
- ♦ Implementation
- **♦** Evaluation

Cultural competence and sustainability must be incorporated in each of the SPF steps addressed in the Implementation Grants.

Cultural Competence

Cultural competence refers to a system of policies, skills, and attitudes that enable an agency or individual to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors, learning, and communication styles. Youth and families from diverse cultural groups may present challenges to providers in the community setting who are not appropriately prepared to work with them. Applicants must be aware of the basic principles of cross cultural service delivery, including the significance of culture as a factor in service interactions, the dominant cultural values common to specific populations, and the way in which program providers influence the delivery of services and attitudes toward the target population. For prevention efforts to be truly effective, diverse representation is needed early on in the program planning stage as well as throughout the implementation stage in order to appropriately respond to the culture of a target population.

Applicants must address cultural competence throughout the implementation of the SPF steps. Proposals will be scored on their commitment to cultural competence and ability to implement a culturally competent SPF process within each section.

Strategic Plan

Applicants must clearly describe the proposed project.

1. Assessment Community Level

Applicants must provide a statement of need (or problem statement) that identifies specific areas of substance abuse prevention focus. Applicants must develop a preliminary set of goals and objectives and performance measures that can be used to determine satisfactory progress.

Applicants must submit a preliminary assessment which will include consumption and consequence data. The assessment data will include local level data, in addition to epidemiological data available through state or national resources.

Applicants must thoroughly describe the nature of the problem and the extent of the need (i.e., current consumption and consequences; trends and patterns). The documentation of need may come from a variety of qualitative and quantitative sources including, but not limited to: State Epidemiological Profiles (www.udel.edu/delawaredata); related State Needs

Assessments; SAMHSA's National Survey on Drug Use and Health; National Center for Health Statistics/Centers for Disease Control). The data must identify the following: magnitude of the problem to be addressed; geographic areas where the problem is greatest; and the risk and protective factors associated with the problem (See Appendix I, Assessment Summary: Alcohol).

Applicants must describe the proposed target populations/and or community. Target populations may be universal, selective, and/or indicated based on risk and need of the identified community (See Appendix II, Prevention Definitions and Strategies).

Applicants must thoroughly describe the geographic region to be served and provide data that supports the selection of the community or communities.

Applicant must describe the process by which they will complete a comprehensive community level assessment. (See Appendix III, Resources)

2. Capacity Community Level

Applicants must describe readiness and capacity to implement prevention strategies. Applicant must discuss the capability and experience with similar projects and populations, including experiences in providing culturally appropriate/competent services.

Applicants must describe the process by which they plan to mobilize and build capacity to address the community needs. Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to, convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and service providers; organizing agency networks; leveraging resources; and engaging stakeholders to help sustain the activities.

Describe the resources available for the proposed project (i.e., facilities, equipment). Applicants must describe their current capacity to implement prevention strategies/approaches. Applicants must clearly describe experience working with target populations and with the identified community (-ies).

Applicants must identify what will be needed to build readiness and ensure success of prevention initiatives (e.g. staff training and technical assistance, development of appropriate data and financial systems, etc.). In addition, applicants should identify how to develop cultural competence and build on the existing prevention infrastructure within their organization and community.

Applicants must clearly describe and provide documentation of organizational structure (i.e., Board of Directors; Organizational chart; letters of incorporation or 501c3 status).

Applicants must describe organizational or community strengths, weaknesses, opportunities for improvement and barriers to the effective implementation of proposed activities.

Applicants will be required to determine the focus of their prevention strategies; determine and identify key stakeholders at the state and community levels; create a viable infrastructure that will be able to effectively implement the strategies using evidence-based practices at the end of the planning phase.

Applicants should submit at least two letters of support specifying community and key stakeholders' participation in the planning of prevention activities (as Attachment II).

Applicants must describe a process by which current prevention resources are identified in the selected community or communities; gaps in services and determine the capacity and readiness to act.

3. Planning Community Level

Successful applicants must develop a data driven strategic plan that articulates not only a vision for their efforts, but also strategies for organizing and implementing prevention/reduction efforts. The strategic plan must be based on documented needs, build on identified resources, set measurable objectives, and include the performance measures and baseline data against which progress will be monitored.

Applicants will use the findings from their needs assessments to guide planning, selection, and implementation of programs, policies, and practices.

Successful Applicants must describe process for the identification and selection of evidence-based or environmental strategies. Prevention strategies shall be built on the principles endorsed by the Center for Substance Abuse Prevention (CSAP), the National Institute of Drug Abuse (NIDA), the National Institute of Alcoholism and Alcohol Abuse (NIAAA), the National Registry for Evidence-based Programs and Practices (NREPP), or recognized researchers. (See Appendix II.I, IOM Classifications; Appendix II.II, CSAP Domains; and Appendix II.III, SAPT Prevention Strategies).

In this proposal, applicants are required to create a preliminary Logic Model. The Logic Model must describe the community specific causal factors of the priority problem, possible interventions to address problem/intervening variables, and the resources required to implement the possible interventions. The logic model should be based on the statement of need(s) identified in Step 1 – Assessment. The Logic Model must be attached following the

Project Narrative as Attachment III (See Appendix IV, Logic Model).

Applicants will identify the planning process that will be used to determine how to address the statewide priority, including how the community will use data to make program decisions. Applicants that want to address the secondary priority must identify the planning process to substantiate the selection of an additional priority.

Applicants must clearly identify their target population and community or communities to be served. Target populations may be defined by one or more of the following classifications: age, educational background, ethnicity, faith, gender, geographic location, race, sexual orientation, or socio-economic status (this depicts examples of population classifications, and is not an exhaustive list).

Applicants must identify the process for identifying, engaging, and retaining members of the target population.

4. Implementation Community Level

Describe how implementation of the Strategic Prevention Framework will lead to the achievement of the program goals and objectives. Applicants must describe how the implementation of the goals and objectives will increase the capacity to support an effective, comprehensive substance abuse prevention services system.

Applicants must describe the process to be used for identification of evidence-based, practices to be utilized in the implementation of the proposed project.

Examples of prevention strategies may be found in **Appendix II.III**:

SAPT Prevention Strategies. In addition, applicants may reference the National Registry of Evidence-based Programs and Practices (NREPP) for a listing of interventions supporting substance abuse prevention, as well as mental health promotion substance abuse treatment (http://www.nrepp.samhsa.gov/). NREPP is not an exhaustive list of all substance abuse prevention interventions.

Applicant must describe how it will ensure fidelity of implementation mechanisms that ensure innovative programs or adaptations of evidence-based programs are theoretically sound.

Applicants must describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender.

Applicants must include a management plan with related tasks, timelines, and persons responsible. Provide an organizational chart for the project detailing key staff personnel for the applicant organization (and fiscal agent as applicable). A Table of Organization must accompany the narrative depicting how project staff will be organized and the percentage of time (FTE) for each person in the table. Create the Table of Organization on a separate page and attach it to your application as Attachment IV.

Applicants must provide a realistic timeline for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. The timeline should be part of the narrative.

Applicants must provide a brief narrative that describes all staff collaborators, and supporters of the program, their roles, responsibilities and relationship to each other. Applicants must include a management and staffing plan that clearly describes relevant prevention experience, experience with target population(s), knowledge of identified community (-ies), and description of relevant accomplishments to date. Applicants must include resumes, biographical sketches, and Job Descriptions proposed Project Director and other key positions funded to be funded through the SPF-PFS as Attachment V.

Provide an organizational chart for the project detailing key staff personnel for the applicant organization (and fiscal agent as applicable). A Table of Organization must accompany the narrative depicting how project staff will be organized and the percentage of time (FTE) for each person in the table. Create the Table of Organization on a separate page and attach it to your application as Attachment III.

Discuss how key staff has demonstrated experience in serving the target population and are familiar with the population's culture and language.

Applicants should describe their plan to sustain the project outcomes after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (i.e., staff turnover, change in project leadership) to ensure continuity over time.

5. Evaluation Community Level

Applicants must clearly describe the process to be used in the development of an evaluation plan that includes both process and outcome strategies.

The SPF PFS includes a national cross-site and a statewide evaluation which successful applicants must participate in. All evaluation efforts will address all five steps of the SPF. The Delaware SPF PFS Evaluation Team will provide training and technical assistance to successful applicants.

Applicants must agree to participate to in the national cross-site and state level evaluation activities.

The Evaluation Plan must include both process and outcomes to evaluation project goals and objectives.

H. Staffing:

Applicants must present an organizational chart depicting where the SPF-PFS Community Evaluation Team program fits in the overall organizational/agency structure, and a separate organizational chart for the SPF-PFS Community Evaluation Team Program itself

Applicants must present a complete staffing pattern with job descriptions for key positions. The staffing pattern must indicate if the position is full or part time – if part time, it must indicate the number of hours per week. Job Descriptions must contain the educational and work experience and any credentials that will be required for each position. Applicants must assure that the proposed job descriptions include competencies to deliver the services described above in this RFP.

1. Resumes of Key Staff

- Resumes of key staff for the proposed program, if known to the proposer at the time of response to the RFP, must be included.
- Assign or hire staff to focus on this project within one month of the effective date of the contract. New hires must have the approval of SPF-PFS Management;
- Designate a project manager as the primary point of contact with SPF-PFS;

2. Screening and Hiring Procedures

The proposer must provide guidelines to be used in staff screening and hiring procedures. Measures adequate to screen job applicants to determine history of patient/client abuse/neglect (must comply with 29 Del. C. Section 708 and 11 Del. C. Section 8564) must be described.

3. Staff Training/Orientation and Development

A staff training and/or orientation plan to the applicant organization for applicable to all staff who will be assigned to the program must be presented.

The Department reserves the right to require training. DSAMH will identify all relevant and mandatory training during negotiations with the successful bidder.

I. Implementation Plan

Applicants must submit an Implementation Plan in chart format with timelines for completion of each activity. The plan must cover start up through program implementation activities, including hiring of key staff.

J. Required Reporting

Applicant must indicate its ability to comply with reporting requirements. These include, but are not limited to:

- Monthly Consumer Reporting Forms (CRF) to the DSAMH MIS Office within the stipulated timeframes on all individuals receiving services.
- Statistical data as requested
- Monthly expenditure and revenue data utilizing a prescribed format.
- annual independent audit as outlined in the awarded contract

DSAMH is in the process of requirements definition for a future EHR/EMR module that will be developed as part of the consolidated DHSS EMR system by Core Solutions, Inc. that is being currently being implemented for two other DHSS divisions. DSAMH would like to develop a <u>HL7</u> interface between the

Core module to be developed for DSAMH and bidder's software. Preference will be given to bidders who have successfully developed an interface to an EMR system. Bidder will describe their relevant experience in this area, their ability to develop this proposed interface and suggest what would need to be developed by your firm vs. Core Solutions. Development of this interface will not be part of this contract and bidder is not expected to propose anything at this point. We are only asking bidders to describe their knowledge and capabilities in this area. Development of this interface would be at the sole discretion of the State at some future date and would be done through an amendment to this contract.

K. Quality Improvement

Applicant must describe a method for identifying, evaluating and correcting deficiencies in the quality and quantity of services to be provided under any resulting contract arising out of this RFP.

L. Certification and Statement of Compliance

The bidder must include statements that the applicant agency complies with all Federal and Delaware laws and regulations pertaining to equal opportunity and affirmative action. In addition, compliance must be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in health care delivery and in the collection and reporting of data. (See Appendices C & D)

M. Standard Contract

Appendix F is a copy of the standard boilerplate contract for the State of Delaware, Delaware Health and Social Services, DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH. This boilerplate will be the one used for any contract resulting from this Request for Proposal. If a bidder has an objection to any contract provisions or the RFP and its procurement provisions, objections shall be stated in the Transmittal Letter of the bidder's proposal. Execution of the contract is NOT required with proposal submission. The contract is provided as a courtesy for review by an interested bidder's legal group.

IX. BUSINESS PROPOSAL REQUIREMENTS

The proposed annual operating budget is to capture the requirements of the successful vendor in meeting the service requirements of the program. The sample line item budget to be submitted as part of this RFP is to reflect the proposed operational costs of providing these services and will not be the basis of reimbursement in the awarded contract. The electronic version will also be published on the website as part of the question and answers addendum.

Vendor is required to submit technology costs that the State will be directly or indirectly responsible for as part of this contract. The vendor will break down technology costs into three categories for implementation and the same three categories for out-year costs:

- 1. Hardware
- 2. Software
- 3. Technical staffing

For vendor hosted websites, hosting costs can be allocated to the above categories at the discretion of the vendor.

The Business Proposals and all budget information must be presented separate from the Technical Proposal.

Applicant will demonstrate corporate capability:

Financial stability as determined by review of financial information provided by the Vendor; perceived ability to start up and manage the program in the time required using the staff, structure and phase in required in the RFP. Financial stability should be demonstrated through production of balance sheets and income statements or other generally accepted business record for the last 3 years that includes the following: the Vendor's Earnings before Interest & Taxes, Total Assets, Net Sales, Market Value of Equity, Total Liabilities, Current Assets, Current Liabilities, and Retained Earnings.

In addition to financial information, discuss any corporate reorganization or restructuring that has occurred within the last three years and discusses how the restructuring will impact the Vendor's ability to provide services proposed. Also disclose the existence of any related entities (sharing corporate structure or principal officers) doing business in the field of correctional health care. The DSAMH reserves the right to terminate the contract, based upon merger or acquisition of the Vendor, during the course of the contract. Include a description of any current or anticipated business or financial obligations, which will coincide with the term of this contract.

Applicant will submit a completed Financial Practices, Pre-Audit Monitoring Survey, Self-Report as part of the proposal.

X. GENERAL INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

A. Number of Copies Required

Two (2) original **CDs** (Each Labeled as "Original") and Two (2) **CD** copies (Each labeled as "Copy"). In addition, any required confidential financial or audit information relating to the company and not specifically to the proposal may be copied separately to one set of up to three (3) additional CDs (Each labeled "Corporate Confidential Information"). All CD files shall be in PDF and Microsoft Word formats. Additional file formats (i.e. .xls, .mpp) may be required as requested.

It is the responsibility of the bidder to ensure all submitted CDs are machine readable, virus free and are otherwise error-free. CDs (or their component files) not in this condition may be cause for the vendor to be disqualified from bidding.

Ten (10) printed and bound copies that clearly indicate that they are in response to RFP HSS-15-009

The cover letter should include: bidder recognition of all addenda posted on the RFP website (http://bids.delaware.gov.) relative to this RFP, a statement confirming the proposal remains effective through the date shown in (**D**) below, a statement the bidder has or agrees to obtain a Delaware business license if awarded a contract, a statement confirming pricing was arrived at without collusion.

The responses to this RFP shall be submitted to:

Kieran Mohammed Division of Management Services Delaware Health and Social Services Main Administration Building, Sullivan Street Second Floor, Room 257 1901 North DuPont Highway New Castle, DE 19720

B. Closing Date

All responses must be received no later than 11:00 a.m., March 23, 2015. Later submission will be cause for disqualification.

C. Opening of Proposals

The State of Delaware will receive proposals until the date and time shown in this RFP. Proposals will be opened only in the presence of the State of Delaware personnel. Any unopened proposals will be returned to Vendor.

There will be no public opening of proposals but a public log will be kept of the names of all vendor organizations that submitted proposals. The contents of any proposal shall not be disclosed to competing vendors prior to contract award.

D. Proposal Expiration Date

Prices quoted in the proposal shall remain fixed and binding on the bidder at least through **June 30, 2015**. The State of Delaware reserves the right to ask for an extension of time if needed.

E. Acknowledgement of Understanding of Terms

By submitting a bid, each vendor shall be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms, schedules and exhibits hereto, and has fully informed itself as to all existing conditions and limitations.

F. Realistic Proposals

It is the expectation of the State of Delaware that vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

The State of Delaware shall bear no responsibility or increase obligation for a vendor's failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

G. Non-Conforming Proposals

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the State of Delaware

H. Notification of Acceptance

Notification of the Department's intent to enter into contract negotiations will be made in writing to all bidders.

I. Questions

All questions concerning this Request for Proposal must reference the pertinent RFP section(s) and page number(s). Questions must be in writing and can be either faxed, or emailed to:

Ceasar McClain Community Mental Health Contracts Manager <u>dsamhbusinessoperations@state.de.us</u> Fax: (302)-255-9395

Deadline for submission of all questions is **Monday**, **February 23**, **2015**. Responses will be posted to the bids website http://bids.delaware.gov no later than **Monday**, **March 2**, **2015**.

J. Amendments to Proposals

Amendments to proposals will not be accepted after the deadline for proposal submission has passed. The State reserves the right at any time to request clarification and/or further technical information from any or all applicants submitting proposals.

K. Proposals Become State Property

All proposals become the property of the State of Delaware and will not be returned to the bidders. The State will not divulge any information identified as confidential at the time of proposal submission provided the information resides solely on the CD (s) marked confidential.

L. Non-Interference Clause

The awarding of this contract and all aspects of the awarded bidders contractual obligations, projects, literature, books, manuals, and any other relevant materials and work will automatically become property of the State of Delaware. The awarded bidder will not in any manner interfere or retain any information in relationship to the contractual obligations of said contract, at the time of the award in the future tense.

M. Investigation of Bidder's Qualifications

Delaware Health and Social Services may make such investigation as it deems necessary to determine the ability of the bidder to furnish the required services, and the bidder shall furnish such data as the Department may request for this purpose.

N. No Press Releases or Public Disclosure

Vendors may not release any information about this RFP. The DSAMH reserves the right to pre-approve any news or advertising releases concerning this RFP, the resulting contract, the work performed, or any reference to the State of Delaware or the DSAMH with regard to any project or contract performance. Any such news or advertising releases pertaining to this RFP or resulting contract shall require the prior express written permission of the DSAMH.

O. Penalties

The DSAMH may include in the final contract penalty provisions for non-performance, such as liquidated damages. Any factually or legally applicable penalty or liquidated damage shall not be the exclusive remedy available for breach of contract

P. RFP and Final Contract

The contents of the RFP will be incorporated into the final contract and will become binding upon the successful bidder. If the bidder is unwilling to comply with any of the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the state.

Q. Proposal and Final Contract

The contents of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The contents of the successful proposal will be included by reference in the resulting contract.

All terms, and conditions contained in the proposal will remain fixed and valid for 5 year(s) after proposal due date.

R. Cost of Proposal Preparation

All costs for proposal preparation will be borne by the bidder.

S. Proposed Timetable

The Department's proposed schedule for reviewing proposals is outlined as follows:

Activity	Date
RFP Advertisement	01/30/2015
Pre-bid Meeting	02/16/2015
Questions Due	02/23/2015
Answers to Questions	03/02/2015
Bid Opening	03/23/2015
Selection Process Begins	03/26/2015
Vendor Selection (tentative)	04/08/2015
Project Begins	07/01/2015

T. Confidentiality and Debriefing

All documents submitted as part of the Vendor's proposal will be deemed confidential during the evaluation process to the extent permitted by law. Vendor proposals will not be available for review by anyone other than DHSS or its designated agents. There shall be no disclosure of any Vendor's information to a competing Vendor prior to award of the contract unless required by law.

DHSS is a public agency as defined by State law, and as such, it is subject to the Delaware Freedom of Information Act, 29 *Del. C.* Ch. 100. Under State law, certain classes of DHSS' records are presumptively confidential. Vendor(s) are advised that once a proposal is received by the DHSS and a decision on contract award is made, the proposals' contents may become public record and nothing contained in the proposal will be deemed to be confidential unless supported by law.

Vendor(s) shall not include any information in its proposal that is proprietary in nature or that it would not want to be released to the public unless such information is specifically identified and separated. Proposals must contain sufficient information to be evaluated and a contract written without reference to any proprietary information. If a Vendor feels that it cannot submit its proposal without including proprietary information, it must adhere to the following procedure or their proposal may be deemed non-responsive and will not be recommended for selection. Vendor(s) must submit any required proprietary information in a separate, sealed envelope labeled "Proprietary Information" with the RFP number. The envelope must contain a letter from the Vendor's legal counsel describing the documents in the envelope, representing in good faith that the information in each document is not "public record" as defined by 29 *Del. C.* § 10002(g), and briefly stating the reasons that each document meets the said definitions. The opinions of Vendor's legal counsel shall not be binding upon DHSS.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, the DHSS will open the envelope to determine whether the procedure described above has been followed. All data, documentation, and innovations developed as a result of these contractual services shall become the property of the State of Delaware.

If a bidder wishes to request a debriefing, he must submit a formal letter to the Procurement Administrator, Herman M. Holloway Campus, Delaware Health and Social Services Main Building, 2nd Floor, Room 257, 1901 N. DuPont Highway, New Castle, Delaware 19720 within 10 days after receipt of Notice of Award. The letter must specify reasons for the request. The debriefing will not be conducted until the Request for Proposal process is completed.

XI. SELECTION PROCESS

A. Basis of Award

The Proposal Evaluation Team shall report to the DSAMH its recommendation as to which Vendor(s) the DSAMH should negotiate for a possible award. The DSAMH may negotiate with at least one of the qualified vendors and may negotiate with multiple vendors at the same time. Once negotiations have been successfully concluded, the DSAMH shall notify the vendors of its selection(s). The DSAMH has the sole right to select the successful Vendor(s) for award, to reject any proposal as unsatisfactory or non-responsive, to award a contract to other than the lowest priced proposal, to award multiple contracts, or not to award a contract, as a result of this RFP.

Notice in writing to a Vendor of the acceptance of its proposal by the DSAMH, the subsequent full execution of a written contract and execution of a Purchase Order will constitute a contract, and no Vendor will acquire any legal or equitable rights or privileges until the occurrence of these events. All Vendor(s) will be notified of their selection status."

The DSAMH shall award this contract(s) to the most responsible and responsive Vendor(s) who best meets the terms and conditions of the proposal. The award will be made on basis of corporate experience, corporate capability, and quality of the Vendor's response, price and references. The DSAMH is looking for best quality and value.

The DSAMH reserves the right to reject any or all proposals in whole or in part, to make multiple awards, partial awards, award by types, item by item, or lump sum total, whichever may be most advantageous to the State of Delaware. The intent though is to award this contract to the best Vendor(s).

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the DHSS.

DHSS discourages overly lengthy and costly proposals. It is the desire that proposals be prepared in a straightforward and concise manner. Unnecessarily elaborate brochures or other promotional materials beyond those sufficient to present a complete and effective proposal are not desired. The State of Delaware's interest is in the quality and responsiveness of the proposal.

It is the expectation of DHSS that Vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

DHSS shall bear no responsibility or increase obligation for a Vendor's failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

Vendor is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all addenda. Failure to do so will be at the sole risk of Vendor. Should Vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this RFP, Vendor shall notify the DHSS' Designated Contact, in writing, of such findings at least ten (10) days before the proposal opening. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective proposal and exposure of Vendor's proposal upon which award could not be made. All unresolved issues should be addressed in the proposal.

Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, no later than ten (10) calendar days prior to the time set for opening of the proposals.

Any exceptions to the RFP, or the DHSS' terms and conditions, must be highlighted and included in writing in the proposal. Acceptance of exceptions is within the sole discretion of the Proposal Evaluation Team.

If it becomes necessary to revise any part of the RFP, an addendum will be posted on DHSS' website at http://bids.delaware.gov. The DHSS is not bound by any statement related to this RFP made by any State of Delaware employee, contractor, vendor or its agents.

B. Proposal Evaluation Team

The Proposal Evaluation Team comprises of a group with expertise in health care, procurement, contract management, budgeting, and technical operations. The Team shall determine which Vendors meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981 and 6982. The Division will award a contract to the successful vendor in the best interest of the State of Delaware

1. Proposal Clarification

The Proposal Evaluation Team may contact any Vendor in order to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Proposals may not be modified as a result of any such clarification request.

2. References

The Proposal Evaluation Team may contact any customer of the Vendor, whether or not included in the Vendor's reference list, and use such information in the evaluation process. Additionally, DSAMH may choose to visit existing installations of comparable systems, which may or may not include Vendor personnel. If the Vendor is involved in such facility visits, DSAMH will pay travel costs only for DSAMH personnel or Proposal Evaluation Team members for these visits.

3. Oral Presentations

Selected Vendors may be invited to make oral presentations to the Proposal Evaluation Team. The Vendor representative(s) attending the oral presentation shall be technically qualified to respond to questions related to the proposed system and its components.

All of the Vendor's costs associated with participation in oral discussions and system demonstrations conducted for DSAMH are the Vendor's responsibility.

Proposal Evaluation Team members will assign up to the maximum number of points listed for each of the listed above. For items having quantitative answers, points will be proportionate to each Vendor's response. Items with qualitative answers will receive the average of points assigned by Proposal Evaluation Team

C. Proposal Evaluation Criteria

The Project Narrative describes what you intend to do with your project and includes the following evaluation criteria. Proposals will be reviewed and scored according to the quality of the response to the requirements of an Implementation Grant (Steps 1-5). Strategic Plan Guidance Document in appendix

<u>Category</u> Weight

Meets mandatory RFP provisions CD's properly submitted Hard Copies Properly Submitted Forms properly submitted

Assessment 15 points

An Assessment section shall include a Statement of Need which will state an identified community priority to be addressed. Support of this priority shall be provided through indicated magnitude, geographical location, population, risk and protective factors.

Capacity 20 points

Proposals shall demonstrate the applicant's capacity and readiness to implementation prevention strategies within their community. Proposals shall demonstrate community readiness by identifying community resources and supports.

Planning 20 points

Proposals must include a plan for their intended program design, inclusive of a logic model with goals and objectives.

Applicants will identify a priority to address in their proposal. The proposal must be very specific in regard to the following:

- ♦ WHO is the targeted population;
- ♦ WHAT primary prevention strategy will be used;
- ♦ WHEN will the strategy be conducted;
- ♦ WHERE the strategy will be conducted; and
- ♦ HOW the identified target population will be reached; and HOW outcomes will be sustained

Prevention strategies shall be built on the principles endorsed by the Center for Substance Abuse Prevention (CSAP), the National Institute of Drug Abuse (NIDA), the National Institute of Alcoholism and Alcohol Abuse (NIAAA), the National Registry for Evidence-based Programs and Practices (NREPP), or recognized researchers.

Proposals must include plans to implement culturally competent prevention services within each step of the SPF. In addition, proposal must indicate how outcomes and strategies will be sustained once the grant ends.

Implementation 30 points

Proposals must include an implementation plan with tasks, timelines, and persons responsible.

Proposals must include a management plan with related tasks, timelines, and persons responsible. A Table of Organization must accompany the narrative.

Evaluation 15 points

Applicants shall provide an evaluation plan for measuring performance and outcome measures in accordance with the program design and logic model.

Applicants must indicate in proposals agreement to comply with all data collection and reporting requirements.

Total 100

Upon selection of a vendor or vendors, a **Division of Substance Abuse and Mental Health** representative will enter into negotiations with the bidder to establish a contract. As stated above, DHSS reserves the right to simultaneously negotiate with several selected vendors.

D. Consultants and Legal Counsel

The State of Delaware may retain consultants or legal counsel to assist in the review and evaluation of this RFP and the vendors' responses. Bidders shall not contact consultant or legal counsel on any matter related to the RFP.

E. Exclusions

The Proposal Evaluation Team reserves the right to refuse to consider any proposal from a vendor who:

Has been convicted for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of the contract or subcontract;

Has been convicted under State or Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offense indicating a lack of business integrity or business honesty that currently and seriously affects responsibility as a State contractor;

Has been convicted or has had a civil judgment entered for a violation under State or Federal antitrust statutes;

Has violated contract provisions such as:

Knowing failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or

Failure to perform or unsatisfactory performance in accordance with terms of one or more contracts;

Has violated ethical standards set out in law or regulation; and

Any other cause listed in regulations of the State of Delaware determined to be serious and compelling as to affect responsibility as a State contractor, including suspension or debarment by another governmental entity for a cause listed in the regulations.

F. State's Right to Award Multiple Source Contracting

Pursuant to 29 *Del. C.* § 6986, DHSS may award a contract for a particular professional service to two or more Vendors if the agency head makes a determination that such an award is in the best interest of the State of Delaware.

G. Project Costs and Proposed Scope of Service

The Department reserves the right to award this project to a bidder other than the one with the lowest cost or to decide not to fund this project at all. Cost will be balanced against the score received by each bidder in the rating process. The State of Delaware reserves the right to reject, as technically unqualified, proposals that are unrealistically low if, in the judgment of the evaluation team, a lack of sufficient budgeted resources would jeopardize project success.

APPENDIX I

Assessment Summary [Alcohol]

Alcohol Summary

The State Epidemiological Outcomes Workgroup extensively reviewed the available alcohol abuse data, both for consumption and consequences, and found no discernable differences geographically that would warrant targeting a particular substate planning area for alcohol prevention evidence-based programs, policies, and practices. In each of the past three annual state and substate profiles, the state estimates from the NSDUH from 2000 to 2008, and the Delaware school survey results from 1989 to 2010 all support the existence of alcohol consumption and consequence problems in Delaware that are significant, endemic, and not limited to particular geographic areas. Examination of earlier data going back to the mid 1990s for adults and to 1989 for youth, support this conclusion as well. The representative data presented in the tables and charts below lend support to this conclusion.

The first Table below, Table A1., summarizes alcohol indicators both consumption and consequence from the 2009 Delaware school survey by substate planning area. The percentages reported reveal only five significant differences among the potential 48 comparisons. These significant differences relate to higher alcohol for Sussex County 11th graders in the school survey. However as seen in Tables A5 and A6, the NSDUH finds youth aged 12-20 in Sussex County among the lowest areas in the state for past month use and binge drinking, so the data are not consistent for high risk areas for youth.

Table A2 reports on past month alcohol use for Delawareans 12 and older in the NSDUH data for 2006-2008 that was released in June 2010. Delaware is higher than the US as a whole and higher than the Southern states but lower than the Northeast states. There are no significant differences by substate area. Table A3 shows Delaware binge rates very close to the national average and no significant differences by substate area. Table A4 from the 2007 BRFSS is consistent in not finding significant differences in binge drinking by substate area. Table A5 reports past month alcohol use for those 12-20 (underage) from the NSDUH. Here Delaware is higher than national and Southern estimates but lower than those for the Northeast. For underage drinking both Wilmington and Sussex County are significantly lower than the rest of New Castle County. Table A6 reports on binge use in the NSDUH by those underage. Wilmington reports lower underage binge drinking than the other areas and significantly lower than that for the rest of New Castle County. Tables A7-A9 report on those in need of treatment, but are potential indicators for alcohol prevention efforts. Delaware actually reports lower estimates for alcohol dependence, abuse, and unmet need for treatment than national averages, and there are no significant difference by substate area.

Finally, there are data for youth alcohol use, binge use, and alcohol involved underage crashes mapped statewide. Although there are some zip codes with higher prevalence, and some areas with higher concentrations of crashes, they do not correspond to substate planning areas. In fact a close examination of the intervals, shows that consumption and binge use among youth is high statewide, and alcohol related crashes are consistent with commercial areas with no major distinction about the size of the communities or the area of the state.

Since the primary statewide SPF-PFS priority is to address alcohol issues in the state, it seems most inclusive of community participation to not target particular communities. Existing data do not support specific target areas, so the Delaware SPF-PFS will solicit, evaluate and fund proposals in response to this RFP based on the merit of the proposal. Successful awards will require that the proposals demonstrate the potential to make a measurable difference in alcohol use and/or abuse in the community they choose to target.

DELAWARE YOUTH DATA FROM THE DELAWARE SCHOOL SURVEY

Table A1. 2009 Delaware School Survey, Percent Reporting

	Delaware as a	Wilmington	Rest of New	Kent	Sussex
	Whole		Castle		
VARIABLE					
5 th grade Past month Alcohol	2.0	2.0	2.0	2.0	1.0
8 th Grade past Month Alcohol	22	25	22	21	23
8 th Grade Binge Drinking	10	11	10	10	11
8 th Grade Ride with Drinking Driver	11	15	11	12	12
11 th Grade Past Month Alcohol	39	42	38	37	47
11 th Grade Past Month Binge	23	22	23	21	31
11 th Grade Ride with Drinking Driver	12	16	12	11	14
11 th Grade Drive after Drinking	8	8	6	7	13

Source: 2009 Delaware School Survey, University of Delaware Center for Drug and Alcohol Studies

Note: Binge use is defined as three drinks at a time in the last two weeks.

Riding with drinking driver refers to last month

Drive after drinking refers to last month.

ADULT DATA FROM THE NATIONAL SURVEY ON DRUG USE AND HEALTH AND THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Table A2. Persons Aged 12 or Older in Delaware, by Substate Region: Percentages, Annual Averages Based on 2006, 2007, and 2008 NSDUHs

	Estimate	95% Prediction Interval
Past Month Alcohol Use		
U.S.	51.23	50.76-51.71
Northeast U.S.	56.19	55.32-57.06
South U.S.	47.34	46.70-47.99
Delaware	54.85	52.14-57.54
Kent County	51.27	46.06-56.45
New Castle County (Excluding Wilmington)	59.00	55.23-62.67
Sussex County	50.27	45.23-55.31
Wilmington	48.67	42.09-55.30

Table A3. Persons Aged 12 or Older in Delaware, by Substate Region: Percentages, Annual Averages Based on 2006, 2007, and 2008 NSDUHs

	Estimate	95% Prediction
		Interval
Past Month Binge Alcohol Use		
U.S.	23.26	22.92-23.61
Northeast U.S.	24.20	23.50-24.92
South U.S.	21.92	21.41-22.43
Delaware	23.56	21.49-25.75
Kent County	23.04	19.63-26.85
New Castle County (Excluding Wilmington)	24.72	22.07-27.58
Sussex County	21.46	18.23-25.08
Wilmington	22.82	18.78-27.44

Table A4. Delaware Data by Substate Area from the 2007 Behavioral Risk Factor Surveillance System (BRFSS)

Acute or "Binge" Drinking [5 plus Drinks in One Occasion)					
Statewide City of Wilmington New Castle County Kent County Sussex County					
17.9%	23.6%	19.8%	14.4%	14.9%	

Table A5. Persons Aged 12 or Older in Delaware, by Substate Region: Percentages, Annual Averages Based on 2006, 2007, and 2008 NSDUHs

	Estimate	95% Prediction
		Interval
Past Month Alcohol Use, Persons Aged 12-20		
U.S.	27.53	27.01-28.05
Northeast U.S.	31.04	30.27-31.83
South U.S.	25.47	24.93-26.01
Delaware	29.49	27.16-31.93
Kent County	29.13	25.19-33.41
New Castle County (Excluding Wilmington)	32.22	29.28-35.32
Sussex County	24.81	21.05-28.98
Wilmington	22.73	18.15-28.07

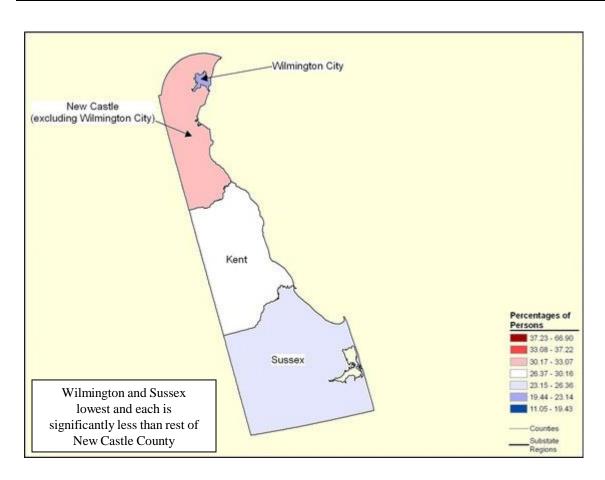


Table A6. Persons Aged 12 or Older in Delaware, by Substate Region: Percentages, Annual Averages Based on 2006, 2007, and 2008 NSDUHs

	Estimate	95% Prediction
		Interval
Past Month Binge Alcohol Use, Persons Aged 12-20		
U.S.	18.31	17.88-18.75
Northeast U.S.	20.82	20.12-21.54
South U.S.	16.44	15.93-16.96
Delaware	20.08	18.01-22.33
Kent County	18.20	14.82-22.16
New Castle County (Excluding Wilmington)	22.86	20.11-25.86
Sussex County	17.10	13.72-21.11
Wilmington	12.87	9.69-16.90

Table A7. Persons Aged 12 or Older in Delaware, by Substate Region: Percentages, Annual Averages Based on 2006, 2007, and 2008 NSDUHs

	Estimate	95% Prediction
		Interval
Past Year Alcohol Dependence		
U.S.	3.47	3.34-3.61
Northeast U.S.	3.33	3.09-3.58
South U.S.	3.28	3.09-3.49
Delaware	3.17	2.57-3.92
Kent County	3.00	2.18-4.12
New Castle County (Excluding Wilmington)	3.19	2.43-4.17
Sussex County	3.02	2.18-4.15
Wilmington	3.79	2.66-5.38

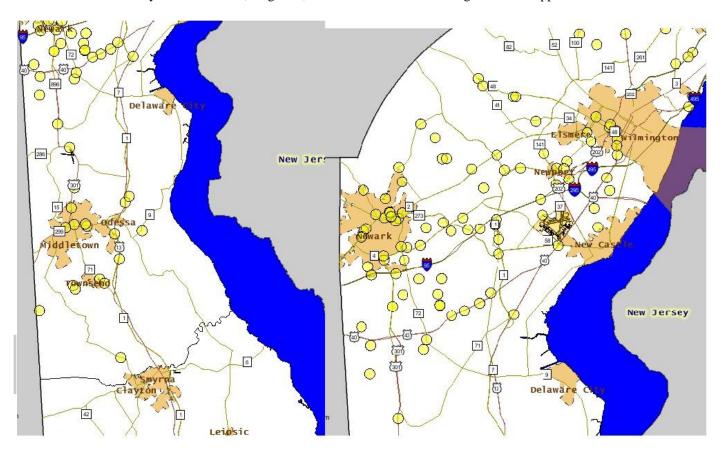
Table A8. Persons Aged 12 or Older in Delaware, by Substate Region: Percentages, Annual Averages Based on 2006, 2007, and 2008 NSDUHs

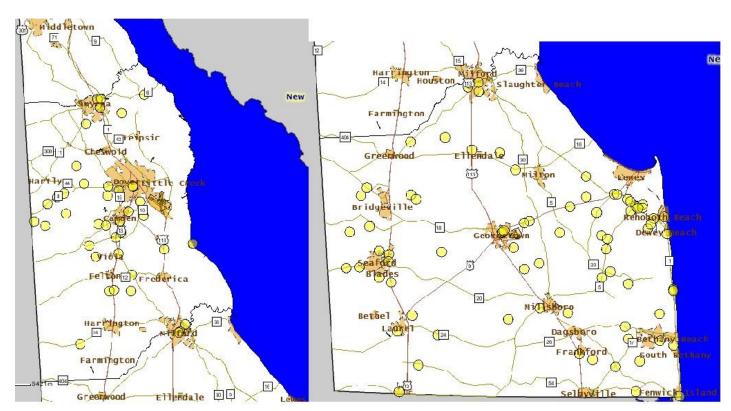
	Estimate	95% Prediction Interval
Past Year Alcohol Dependence or Abuse		Interval
U.S.	7.53	7.34-7.73
Northeast U.S.	7.12	6.76-7.49
South U.S.	6.96	6.68-7.24
Delaware	6.81	5.83-7.94
Kent County	6.33	4.97-8.04
New Castle County (Excluding Wilmington)	7.01	5.78-8.48
Sussex County	6.29	4.89-8.06
Wilmington	7.83	5.96-10.21

Table A9. Persons Aged 12 or Older in Delaware, by Substate Region: Percentages, Annual Averages Based on 2006, 2007, and 2008 NSDUHs

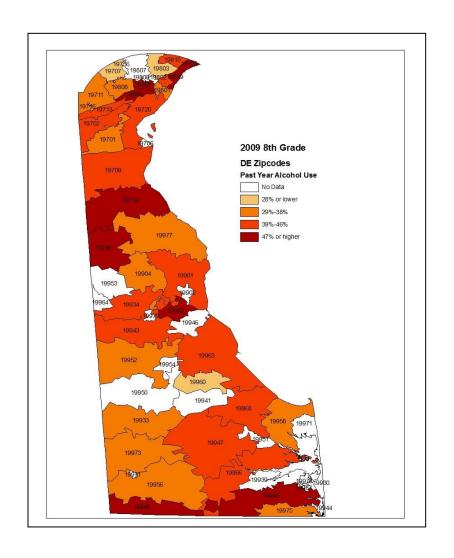
	Estimate	95% Prediction
		Interval
Needing But Not Receiving Treatment for Alcohol in Past		
Year		
U.S.	7.16	6.98-7.35
Northeast U.S.	6.74	6.40-7.10
South U.S.	6.69	6.42-6.96
Delaware	6.40	5.46-7.50
Kent County	5.95	4.61-7.64
New Castle County (Excluding Wilmington)	6.70	5.51-8.13
Sussex County	5.79	4.43-7.54
Wilmington	7.03	5.26-9.35

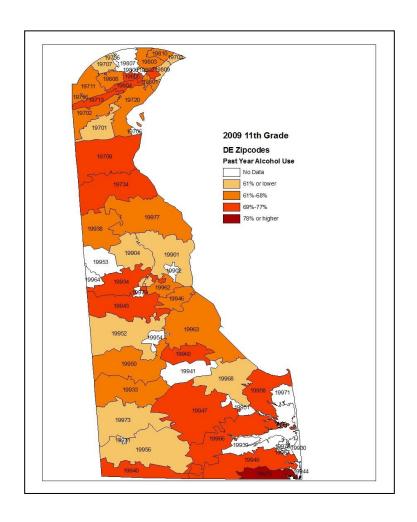
Data for youth alcohol use, binge use, and alcohol involved underage crashes mapped statewide



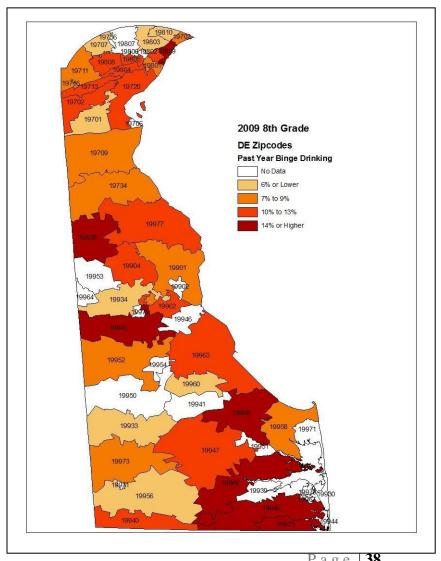


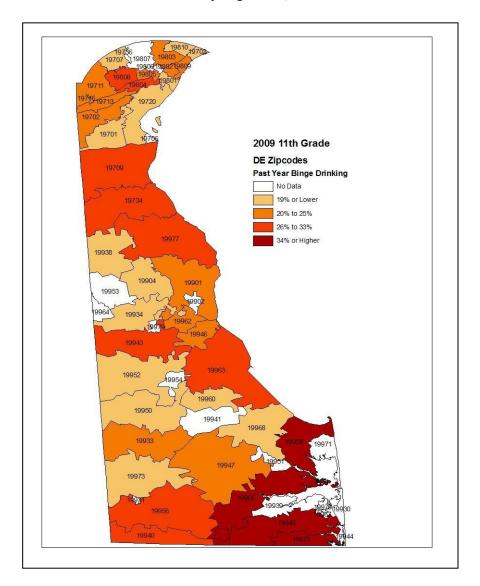
Past Year Alcohol Use Among Delaware 8th and 11th Graders by Zip Code, 2009





Past Year Binge Drinking Among Delaware 8th and 11th Graders by Zip Code, 2009





Page | 38

APPENDIX II Prevention Definitions and Strategies

A. Institute of Medicine (IOM) Classification System

The IOM model, often referred to as a continuum of services, care, or prevention, classifies prevention interventions according to their target population. Classification by population provides clarity to differing objectives of various interventions and matches the objectives to the needs of the target population. The IOM identifies the following three categories based on level of risk: Universal, Selective, and Indicated.

Universal

Universal interventions target the general population and are not directed at a specific risk group.

Universal prevention measures address an entire population (national, local, community, school, or neighborhood) with messages and programs aimed at preventing or delaying the use of alcohol, tobacco, and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals with the information and skills necessary to prevent the problem. The entire population is considered at risk and able to benefit from prevention programs.

Selective

Selective interventions target those at higher-than-average risk for substance abuse; individuals are identified by the magnitude and nature of risk factors for substance abuse to which they are exposed.

Selective prevention measures target subsets of the total population that are considered at risk for substance abuse by virtue of their membership in a particular segment of the population. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.

Indicated

Indicated interventions target those already using or engaged in other high-risk behaviors to prevent heavy or chronic use.

Indicated prevention measures are designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for addiction, but who are showing early danger signs. The mission of indicated prevention is to identify individuals who are exhibiting problem behaviors and to involve them in special programs.

B. Center for Substance Abuse Prevention (CSAP) Domains

CSAP articulates that risk and protective factors and an individual's character interact through six life or activity domains. Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention. The six domains are as follows: Individual, Family, Peer, School, Community, and Environment/Society.

Individual

Lack of knowledge in negative consequences of alcohol, tobacco, and other drug use, favorable attitudes towards use, early onset of use, biological or psychological disposition, antisocial behavior, sensation seeking, and lack of adult supervisions are risk factors associated within the individual or personal domain.

• Family

Parental and sibling drug use or approval of use, inconsistent or poor family management practices, and lack of parental involvement, family conflict, generational differences in family acculturation, and low family bonding are risk factors associated within the family domain.

Peer

Peer use, peer norms favorable towards use, peer activities favorable to use, high rates of substance use in a community, and participation in social activities where use takes place are risk factors associated within in the peer domain.

School

Lack of commitment to education, poor grades, negative school climate, and lenient school policies or unclear norms regarding use of substances are risk factors associated with the school domain.

Community

Lack of bonding/attachment to social and community institutions, lack of community awareness of substance abuse problems, community norms favorable to use and tolerant of abuse, and inability for a community to address a substance abuse issue are risk factors within the community domain.

• Environment/Society

Norms are tolerant of use and abuse, existing policies which enable use and abuse, and lack of enforcement of laws are risk factors within the environment/society domain.

Based on the target population within the domains universal, selective, and/or indicated interventions may be utilized. For example, the risk factors associated within the individual domain may be addressed by indicated interventions aimed change (increase) knowledge about and attitudes towards substance abuse as a means of influencing behavior.

C. Substance Abuse Prevention and Treatment (SAPT) Prevention Strategies

As a result of the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) CSAP developed and recognizes the delivery of prevention services through a comprehensive, multistrategic prevention approach. Using as many or all six of the following strategies has the greatest potential to reduce and prevention substance abuse by reducing risk and increasing protective factors: Information Dissemination, Prevention Education, Alternative Activities, Community Based Processes, Environmental Approaches, and Problem Identification and Referral.

• Information Dissemination

This strategy provides information about the nature of drug use, abuse, addiction and the effects on individuals, families and communities. It also provides information of available prevention programs and services. The dissemination of information is characterized by one- way communication from the source to the audience, with limited contact between the two.

Examples of methods used for this strategy include the following:

- Clearinghouse and other information resource centers
- Resource Directories
- Media Campaigns
- Brochures
- Radio and Television Public Service Announcements
- Speaking Engagements
- Health Fairs

• Prevention Education

This strategy provides information and activities aimed to affect critical life and social skills, including decision-making, refusal skills and critical analysis. Prevention education is characterized by two-way communication based on an interaction between the educator and the participants.

Examples of methods used for this strategy include the following:

- Classroom and Small Group Sessions
- Parenting and Family Management Classes
- Peer Leader and Peer Helper Programs
- Education Programs for Youth Groups
- Groups for Children of Substance Abusers

• Alternative Activities

This strategy provides for the participation of the target populations in activities that exclude alcohol and drug use through the provision of constructive and healthy activities.

Examples of methods used for this strategy include the following:

- Drug-free Social and Recreational Activities (i.e. Dances or Parties)
- Youth and Adult Leadership Activities
- Community Drop-in Centers

- Community Service Activities
- Mentoring Programs

• Community-Based Process

This strategy aims to enhance the ability of the community to more effectively provide substance abuse prevention services. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions and networking.

Examples of methods used for this strategy include the following:

- Community and Volunteer Training (i.e. neighborhood action training, training of key people in the system)
- Systematic Planning
- Multi-Agency Coordination and Collaboration (i.e. leveraging resources, developing strategic partnerships)
- Accessing Service and Funding
- Community Team-Building

• Environmental Strategies

This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and prevalence of drug abuse in the general population.

Examples of methods used for this strategy include the following:

- The Establishment and Review of Drug Policies in Schools
- Technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs.
- The review and modification of alcohol and tobacco advertising practices
- Product pricing strategies
- Social norms strategies
- Media literacy

• Problem Identification & Referral

This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment.

Examples of methods used for this strategy include the following:

- Driving-while-intoxicated Education Programs
- Employee Assistance Programs
- Student Assistance Programs
- Teen Courts

APPENDIX III

Resources

To obtain further information about the Strategic Prevention Framework, data driven planning, and effective policies, programs, and practices, applicants are strongly encouraged to use the resources listed below.

National Resources

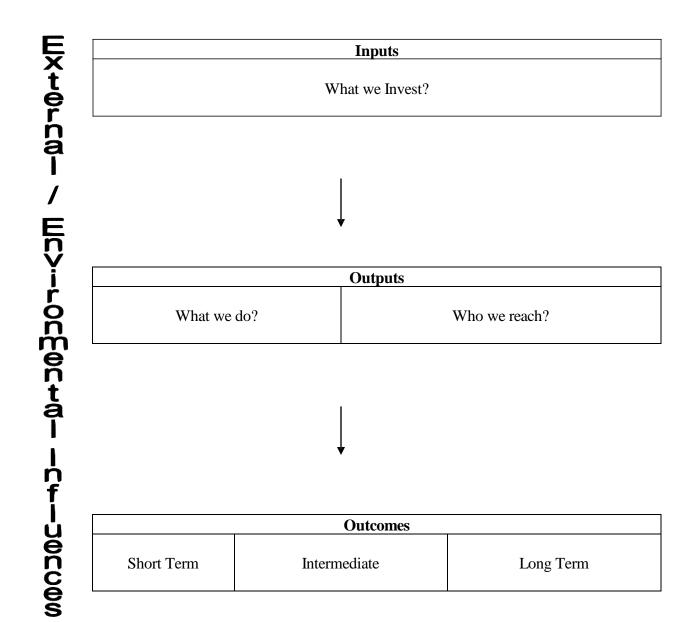
- Substance Abuse and Mental Health Services Administration (SAMHSA): <u>www.samhsa.gov</u>
- SAMHSA's Prevention Platform: http://preventionplatform.samhsa.gov/
- Center for Substance Abuse Prevention (CSAP): http://prevention.samhsa.gov/
- CSAP Centers for the Application of Prevention Technologies (CAPT): http://captus.samhsa.gov/
- NIAAA (National Institute on Alcohol Abuse and Alcoholism): http://www.niaaa.nih.gov/
- National Institute of Drug Abuse (NIDA): http://drugabuse.gov/ or www.nih.gov
- NREPP (National Registry of Evidence-based Practices): http://www.nrepp.samhsa.gov/
- CSAP Prevention Pathways http://pathwayscourses.samhsa.gov/ev/ev_toc.htm
- CADCA (Community Anti-Drug Coalitions of America): http://cadca.org/
 - O Handbook for Community Anti-Drug Coalitions http://www.cadca.org/resources/detail/handbook-community-anti-drug-coalitions

State Resources

- Delaware SPF-PFS: http://www.dhss.delaware.gov/dhss/dsamh/spfsig.html
- Division of Substance Abuse and Mental Health (DSAMH): http://www.dhss.delaware.gov/si06/about.html
- Division of Prevention and Early Intervention (DPBHS): http://kids.delaware.gov/pbhs/pbhs.shtml

Delaware Drug and Alcohol Tracking Alliance (DDATA): www.udel.edu/delawaredata

Logic Model Basics



Please find more information on the development of a Logic Model in the following handout: "The Logic Model for Planning and Evaluation"

<u>Delaware Strategic Prevention Framework – Partnership for Success Program</u> Guidance for Developing Community based Strategic Plans

Introduction:

The Delaware Strategic Prevention Framework - Partnership for Success (SPF PFS) contractors are required to develop and submit a community based Strategic Plan and receive written approval of the Plan by the Dr. Cecilia Doughty Willis, SPF SIG Project Director, before any SPF PFS funds are utilized for the implementation prevention interventions. Until the Strategic Plan has been approved, contractors may use funds to pay for staff, as well as activities associated with assessment and capacity building.

This guidance document is designed to assist contractors in developing their Strategic Plan. This document provides guidance on the types of data and information needed by the Division of Substance Abuse and Mental Health (DSAMH) for approval of the Strategic Plan. The guidance document provides the key steps and content considerations to help guide contractors through the entire process of developing one's Strategic Plan. Contractors should also use the Delaware SPF SIG Strategic Plan (CSAP approved) as a guide during the development of their community based Strategic Plans.

Strategic Plans should clearly describe the contractor's prevention priorities, the processes used to define these priorities, and the proposed approaches for addressing them. DSAMH expects that contractors clearly show how data-driven decision making yielded such priorities, and how proposed activities and allocation mechanisms are positioned to address these identified priorities. Strategic Plans should paint a comprehensive picture of all data-driven priorities that emerge from community based assessment activities.

Contractors should provide evidence that they will address identified capacity and infrastructure needs and ensure that they continue to engage in the SPF process, employ evidence-based strategies to address needs, and conduct these efforts in both a sustainable and culturally competent manner. Contractors should provide preliminary plans for how they plan to monitor and evaluate their SPF PFS.

DSAMH expects the Strategic Plan to provide the foundation for ongoing, interactive work that communities will engage in over the next several years.

DSAMH understands that each contractor's Strategic Plan is a work in progress. Accordingly, DSAMH expects to receive updates and refinement for the Strategic Plan as the grant moves through later stages of the SPF.

In this document, DSAMH provides guidance on the essential components of your Strategic Plan: Project Overview, Assessment, Capacity Building, Planning, Implementation, Evaluation, and Cross Cutting Components.

Table of Contents

The following —Table of Contents should provide a guide for intended topics to be addressed in the Strategic Plan. Additional information may be included should an organization deem it necessary and/or appropriate. As each contractor writes their Strategic Plan, they should utilize the SPF SIG Management and Evaluation Teams as resources.

I. Overview of the Project

- a) Organizational Overview
- b) Community Overview

II. Assessment

- a) Assessing the Problem (Community Profile, Problem Statement)
- b) Assessing the System (Capacity, Readiness, and Infrastructure)
- c) Prevention Priorities (Criteria and Rationale)

III. Capacity Building

- a) Prevention Resources and Assets
- b) Areas Needing Strengthening
- c) Capacity Building Activities

IV. Planning

- a) Strategic Planning Process
- b) Coalition / Strategic Partnership Development
- c) Implications of Community-based Prevention Planning

V. Implementation

a) Selection of Evidence-based Programs, Practices, and Policies

VI. Evaluation

- a) Surveillance, Monitoring, and Evaluation Activities
- b) Expected Community Outcomes

VII. Cross Cutting Components

- a) Cultural Competence
- b) Sustainability

VIII. Appendices

- a) Assessment Tools
- b) Prioritization Tools
- c) Coalition Membership Contact Information

Guidance for Developing Community based Strategic Plans

I. Overview of the Project

a) Organizational Overview

This section should provide an overview of the community organization implementing the Delaware SPF SIG project. In this section, the reader should develop a general understanding of the organization as a whole. In addition, contractors should paint a picture of why prevention is an important part of the organizational make up.

b) Community Overview

Contractors should describe the target community to be served through their SPF SIG initiative. This section should comprehensively describe the geographic area and target population, including the demographic composition of the identified community.

II. Assessment

The *Assessment* section is divided into three elements that should be incorporated into your Strategic Plan:

- a) Assessing the Problem (substance use and abuse, consumption and consequences)
- **b**) Assessing the System (the capacity, readiness, and infrastructure in place within your organization and community to successfully implement substance abuse prevention strategies)
- c) Prevention Priorities (the process, rationale, and description of the prevention priorities your organization seeks to address)

Guidance on each of these elements is provided below.

a) Assessing the Problem (Community Profile, Problem Statement)

Using the data and information you collected, **describe** the substance abuse related problems in your community. The problem statement section of your strategic plan document should incorporate but not be limited to:

- Summary of assessment results. Use appropriate data indicators on substance use and substance related consequences you have used to assess need in your community. Portray and detail the nature and extent of the problem, assess needs and other relevant information.
- Discussion of all policies, procedures, and processes that were considered or were utilized to identify and collect these indicators.

b) Assessing the System (Capacity, Readiness, and Infrastructure)

Using appropriate data and information, describe the substance abuse related systems that are place within your organization and community. This section should incorporate but not be limited to:

- The community prevention infrastructure in place (i.e., coalitions resource centers, etc);
- The effectiveness of the community prevention infrastructure in place within your organization and community;
- Significant gaps in the current community prevention systems in your organization and community;

The capacity of your organization implement the strategic prevention framework The readiness of your organization and community to implement and respond to prevention strategies

• The capacity of organization to collect, analyze and report on data.

c) Prevention Priorities (Criteria and Rationale)

Describe and discuss all criteria your organization used in arriving at your priorities. Your rationale may include:

- The criteria used to define _critical need based on substance related consequence and consumption data presented in your problem statement;
- Any additional criteria (e.g., program resources, readiness, capacity) that you used to determine priority targets;
- A description of the procedures and processes that were utilized in order to determine the final priorities;
- A detailed description of the SPF SIG Plan priorities you have identified as a result of this assessment and prioritization process; and
- The individual(s) or groups who made the final decisions regarding these priorities (staff, coalition members, etc.)

III. Capacity Building

In completing the *Capacity Building* section of the Plan, contractors should provide a synopsis of its proposed approach for ensuring ongoing capacity building at the local levels through the SPF SIG. The building of State and community capacity should align with the priorities that were established from the assessment steps of the strategic planning process.

This section includes the following elements:

- a) Prevention Resources and Assets;
- **b)** Areas Needing Strengthening;
- c) Capacity Building Activities;

Guidance on each of these elements is provided below.

a) Prevention Resources and Assets

Summarize and describe the current resources and assets within your community. Resources may include people, organizations, etc. This section will summarize the detailed information provided in the —Assessing the System section.

b) Areas Needing Strengthening

Identify and describe areas in which your organization and community needs to strengthen its capacity in order to effectively implement the SFP SIG.

c) Capacity Building Activities

Describe capacity building activities that will be conducted at the local community level (e.g. training and technical assistance for organization personnel, as well as community members, etc.).

IV. Planning

In completing the *Planning* section, contractors should describe the proposed approach to developing and deploying SPF SIG grant resources and the programmatic mechanisms to address SPF SIG priorities.

This section should include the following elements:

- a) Strategic Planning *Process*
- **b)** Coalition / Strategic Partnership Development
- c) Implications of Community-based Prevention Planning

Guidance on each of these elements is provided below.

a) Strategic Planning Process

Provide a **description** of the planning process your organization used to develop the Strategic Plan.

b) Coalition / Strategic Partnership Development

Comprehensively describe the partnerships your organization has made during the strategic planning process. If your organization is part of, has formed, or joined a coalition as a result of the strategic planning process, please explain the process and relationship in this section.

Describe and discuss related accomplishments and/or barriers your organization has faced in your attempt to develop relationships with members or other organizations within your community.

If your organization has formed any contractual relationships, **clearly describe** these relationships here. Include the process for selecting these individuals or organizations, and well as the expected outcomes of these relationships.

c) Implications of Community-based Prevention Planning

Describe the potential implications of the SPF SIG community based prevention planning in your community. Include the community-based activities (e.g., further needs assessment; capacity-building; implementation of programs, practices and policies, etc.) that the SPF SIG allocations are expected support. It is important to explain the implications on reducing consumption and or consequences within the identified community.

In addition, please describe any non SPF SIG resources (e.g. data systems, other funding streams, personnel, etc.) your organization is planning to direct or is currently directing towards the problem priority identified within your Strategic Plan.

V. Implementation

The *Implementation* section focuses on the approach your organization will take in implementing capacity and infrastructure activities, as well as community level SPF SIG policies, programs and practices.

Discuss the planned implementation activities that will occur at the community level.

a) Selection of Evidence-based Programs, Practices, and Policies

As a result of your assessment, please **identify** the specific evidence-based programs, programs, practices, and policies your organization plans to implement.

Include both a description of the process by which you have selected your prevention strategies as well as details about each strategy.

Include a **Logic Model** which depicts your substance abuse prevention interventions. Logic Models should include the inputs, outputs, and outcomes of your SPF SIG. In addition, you should address the external or environmental influences related to your project.

• Inputs: Resources. What do you invest? (E.g. Time, Money, Partners, Equipment, Facilities, etc.)

- Outputs: What do you do? (E.g. specific prevention strategies: Life Skills; Town Hall Meetings; Family Game Night, etc.) Who will you reach? (E.g. Target population: Youth ages 12-17 in the City of Dover)
- Outcomes: What happened as a result of your SPF SIG? (E.g. Short-term: knowledge, awareness, attitudes; Intermediate: behaviors, practices, policies; and Long Term Outcomes: environment, social or political conditions)

VI. Evaluation

To complete the **Evaluation** section, contractors should provide only a brief preliminary narrative. Contractors will be asked to provide updates to DSAMH on evaluation and monitoring SPF SIG activities at a later date.

In the section narrative, please include the following considerations:

a) Surveillance, Monitoring, and Evaluation Activities

Describe what (i.e., data, behavior) your organization proposes to track and **describe the process** for tracking.

b) Expected Community Outcomes

Describe what the expected outcomes are for this community SPF SIG project (consumption patterns or consequences).

VII. Cross Cutting Components

a) Cultural Competence

In this section, thoroughly describe how cultural competency will be incorporated and evident the Strategic Plan.

b) Sustainability

In this section, thoroughly describe how sustainability of efforts will be incorporated and evident the Strategic Plan.

VIII. Appendices

Please include any relevant resources that were used during your strategic planning process.

Documents that should be included in your Strategic Plan may include, but not be limited to the following:

- a) Assessment Tools
- **b) Prioritization Tools**
- c) Coalition Membership Contact Information

Funding for this project has been provided by the Delaware Department of Health and Social Services, Division of Substance Abuse and Mental Health-State of Delaware through Award SP015607 from the Substance Abuse and Mental Health Services Administration (SA

APPENDIX A:

BUSINESS PROPOSAL

Line item operating budget format will be made available on the www.bids.delaware.gov website.

APPENDIX B:

BIDDERS SIGNATURE FORM



DELAWARE HEALTH AND SOCIAL SERVICES REQUEST FOR PROPOSAL

BIDDERS SIGNATURE FORM

NAME OF BIDDER:	
SIGNATURE OF AUTHORIZED PERSON:	
TYPE IN NAME OF AUTHORIZED PERSON:	
TITLE OF AUTHORIZED PERSON:	
STREET NAME AND NUMBER:	
CITY, STATE, & ZIP CODE:	
CONTACT PERSON:	
TELEPHONE NUMBER:	
FAX NUMBER:	
DATE:	
BIDDER'S FEDERAL EMPLOYERS IDENTIFICATION NUMBER:	

THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:

AS CONSIDERATION FOR THE AWARD AND EXECUTION BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME)_____

HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTITRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING THE PARTICULAR GOODS OR SERVICES PURCHASED OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.

APPENDIX C: CERTIFICATION SHEET



DELAWARE HEALTH AND SOCIAL SERVICES REQUEST FOR PROPOSAL

CERTIFICATION SHEET

As the official representative for the proposer, I certify on behalf of the agency that:

- a. They are a regular dealer in the services being procured.
- b. They have the ability to fulfill all requirements specified for development within this RFP.
- c. They have independently determined their prices.
- d. They are accurately representing their type of business and affiliations.
- e. They will secure a Delaware Business License.
- f. They have acknowledged that no contingency fees have been paid to obtain award of this contract.
- g. The Prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;
- h. Unless otherwise required by Law, the prices which have been quoted in this offer have not been knowingly disclosed by the contractor and prior to the award in the case of a negotiated procurement, directly or indirectly to any other contractor or to any competitor; and
- i. No attempt has been made or will be made by the contractor in part to other persons or firm to submit or not to submit an offer for the purpose of restricting competition.
- j. They have not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or secure this contract, and they have not paid or agreed to pay any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission percentage or brokerage fee contingent upon or resulting from the award of this contract.

k.	They (check one) operatean individual;a Partnershipa non-profit (501 C-3) organization;a not-for-profit organization; orfor profit corporation, incorporated under the laws of the State of
1.	The referenced offerer has neither directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Delaware Health and Social Services.
m.	The referenced bidder agrees that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all Specifications and special provisions.
n.	They (check one):are;are not owned or controlled by a parent company. If owned or controlled by a parent company, enter name and address of parent company:

Violations and Penalties:

Each contract entered into by an agency for professional services shall contain a prohibition against contingency fees as follows:

- 1. The firm offering professional services swears that it has not employed or retained any company or person working primarily for the firm offering professional services, to solicit or secure this agreement by improperly influencing the agency or any of its employees in the professional service procurement process.
- 2. The firm offering the professional services has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working primarily for the firm offering professional services, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this agreement; and
- 3. For the violation of this provision, the agency shall have the right to terminate the agreement without liability and at its discretion, to deduct from the contract price, or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

The following conditions are understood and agreed to:

a. No charges, other than those specified in the cost proposal, are to be levied upon the State as a result of a contract.

b.		clusive ownership of all products of this contract un e time a binding contract is executed.	less mutually
Da	ite	Signature & Title of Official Representative	
		Type Name of Official Representative	

APPENDIX D

STATEMENTS OF COMPLIANCE FORM



DELAWARE HEALTH AND SOCIAL SERVICES REQUEST FOR PROPOSAL

STATEMENTS OF COMPLIANCE FORM

As the official representative for the contractor, I certify on behalf of the agency that
(Company Name) will comply with all Federal and Delaware laws an
regulations pertaining to equal employment opportunity and affirmative action. In additio compliance will be assured in regard to Federal and Delaware laws and regulations relating confidentiality and individual and family privacy in the collection and reporting of data.
Authorized Signature:
Title:
Date:

APPENDIX E

FINANCIAL PRACTICES SELF REPORT

CON	TRACT AGENCY:
DIVI	SION OF SUBSTANCE ABUSE AND MENTAL HEALTH
	FINANCIAL PRACTICES PRE-AUDIT MONITORING SURVEY SELF-REPORT
1.	Do you maintain a <u>summary of total program funding and a breakdown of approximate funding by source</u> ?
	Yes No Comments:
2.	Is your type of accounting system cash [] or accrual []? Comments:

Comments:			

Yes ____ No

4.	Do you maintain the (Check those mainta	e following <u>accounting</u> nined)	records?	
	General Ledger Subsidiary Ledger Payroll Records Paid & Unpaid Accounts Payab Supportive Doc Payroll Register Cancelled Chec	Invoices ble umentation s ks	Journals Checkbooks Bank Stateme Funds Receiv Time Sheets Petty Cash Proof of Payr Tax Payment	roll
	Comments:			
5.	• • • • • • • • • • • • • • • • • • • •		uency, and distribution of vs and approves financial	
	Туре	Frequency	Distributed by	Reviewed/ Approved By
		(Use additional]	pages as necessary)	
5.	Does the program the program bud		ons responsible for the pr	reparation and review of
		Yes	No	Name
	Comments:			
	Comments:			

a.	What are the procedures for preparing the overall program budget ? (Summarize)
b.	What are the procedures for estimating the projected income? (Summarize)
c.	What are the procedures for periodic budget review and adjustments? (Summarize)
Wh:	at are your procedures for: a) receipt of funds (receiving-recording-depositing) h
disb	at are your procedures for: a) receipt of funds (receiving-recording-depositing), b)
disb	at are your procedures for: a) receipt of funds (receiving-recording-depositing), b) ursement of funds (supporting document flow), c) authorizing signatures, and d) ek writing procedures? (Summarize)
disb	at are your procedures for: a) receipt of funds (receiving-recording-depositing), b) sursement of funds (supporting document flow), c) authorizing signatures, and d) ek writing procedures? (Summarize)
disb chec a.	at are your procedures for: a) receipt of funds (receiving-recording-depositing), b) ursement of funds (supporting document flow), c) authorizing signatures, and d) ek writing procedures? (Summarize)
disb chec a. b.	at are your procedures for: a) receipt of funds (receiving-recording-depositing), b) ursement of funds (supporting document flow), c) authorizing signatures, and d) ek writing procedures? (Summarize)
disb chec a. b.	at are your procedures for: a) receipt of funds (receiving-recording-depositing), b) ursement of funds (supporting document flow), c) authorizing signatures, and d) ck writing procedures? (Summarize)
disb chec a. b.	at are your procedures for: a) receipt of funds (receiving-recording-depositing), b) ursement of funds (supporting document flow), c) authorizing signatures, and d) ck writing procedures? (Summarize)

Wha	at are your procedures for purchasing?
a) l	Solicitation and bids for service
b) 1	Receipt and inspection of goods (Summarize)
Wha	at is your procedure for payroll processing?
a.	Is the payroll manual [] or automated []?
b.	What is the payroll period; weekly, monthly, etc.?
Con	nments:
c.	Does the payroll record include time sheets, payroll register and emplindividual earning records?
Con	nments:
d.	Payroll automation - does it include approval of time sheets, signature on pachecks and payroll taxes?
Con	nments:

Petty	y cash procedures:
a.	What are the allowable uses of the petty cash fund? (Summarize)
b.	Are there standard forms and procedures for using the petty cash fund? (Summarize)
c.	What is the maximum balance maintained in petty cash fund?
d.	What are the limits on individual transactions?
e.	What are the procedures for reconciling and replenishing the petty cash fund? (Summarize)
Billi	ing for services:

a.

What are the procedures for determining client/consumer fees? (Summarize)

) .	Do you maintain a schedule of fees? (Comments)
Э.	How is the client informed about the fee schedule? (Summarize)
1.	How is client ability to pay determined? (Summarize)
е. Н	low is receipt of client fees documented? (Summarize)
f.	What are the procedures for billing clients? (Summarize)
g.	What are the procedures for billing third-party payers? (Summarize)

h.	What are the procedures for handling delinquent accounts? (Summarize)			
Inte	rnal Controls			
Wha	at are the internal management mechanisms for safeguarding the assets of the			
	inization and for preventing and detecting errors? Do the contractor controls include:			
a.	Written Fiscal/Financial Practice Policies and Procedures?			
	Yes No			
	Are these Policies and Procedures regularly reviewed and revised as necessary?			
	Yes No			
b.	Separation of functional responsibilities?			
	Yes No			
(Comments:			
c.	Accurate and complete book of accounts?			
C	omments:			
d.	Financial reports?			
	Yes No			

Prop	per docume	entation?			
Yes		No	_		
Comn	nents:				
Ann	nual audit?				
Yes		No	-		
Comn	nents:				
Bon	nding of em	ployees hand	ling money	?	
Yes		No	_		
Comn	nents:				

13.

		YES	NO
a.	Fidelity Bond		
b.	Insurance Policies for property		
	Liability		
	Vehicle		
c.	IRS Form 501C – Tax Exempt Status		
d.	IRS Form 4161 – Social Security Waiver		
e.	IRS Form 990 – Organization Exempt from Tax		
f.	IRS Form 941 – Qtly. Rpt. of Federal Withholding		
g.	Delaware Annual Franchise Tax Rpt		
h.	Delaware Unemployment Compensation & Disability Insurance Report		
i.	Delaware Forms (VCE - UC8A) W1-W3 Report of State Withholding		
j.	Contracts for Purchased Services (i.e. Rent, etc.)		
k.	Malpractice/Liability insurance to protect agency/staff against lawsuits brought by recipients of services		
l.	Corporate Documentation (e.g.: Certificate(s) of Incorporation; By-laws; Policy & Procedures; etc.)		
m.	Business license [State(s)]		

14.	Property	Manag	ement

etc.

Condition of item
Location of item

a.	Do you maintain an inventory of furnishings, office equipment, and other capital property?
	Yes No
	Does the inventory show? (check all that apply)
	Purchase or acquisition date
	Purchase Price
	Source of funds for purchase
	Identification number of item (serial number, model number,

	Date of loss, destruction or other disposition of item		
h	Is the inventory kept up to date?		
υ.	Is the inventory kept up-to-date?		

).	Is the inventory kept up-to-date?
	Yes No How often is the inventory updated?
	Who is responsible for keeping the inventory?

15.	<u>Indi</u>	rect/Administrative Cost
	a.	Does your agency charge an indirect/administrative cost to any of the programs or projects conducted or operated by the agency?
		Yes No
	b.	How do you determine the indirect cost pool for the agency? (Briefly summarize)
		Does the agency have a written policy on the development/application of indirect/administrative charges?
		Yes No
16.	Surv Title	rey Completed by
	Sign	atureDate

APPENDIX F

Contract Boilerplate



CONTRACT # _____ BETWEEN DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH DELAWARE DEPARTMENT OF HEALTH & SOCIAL SERVICES,

AND
[Contractor]
FOR
[TYPE OF SERVICE]

A) Introduction

1.	This contract is entered into between the Services (the Department), and	-	Health and ntractor).	Social
2.	The Contract shall commence on specifically extended by an amendment, the essence.	_		

B) Administrative Requirements

- 1. Contractor recognizes that it is operating as an independent Contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the Contractor's negligent performance under this Contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the Contractor in their negligent performance under this Contract.
- 2. The Contractor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this Contract. The Contractor is an independent contractor and is not an employee of the State.
- 3. During the term of this Contract, the Contractor shall, at its own expense, carry insurance with minimum coverage limits as follows:
 - a) Comprehensive General Liability

\$1,000,000

and

b) Medical/Professional Liability \$1,000,000/\$3,000,000

or c) Misc. Errors and Omissions \$1,000,000/\$3,000,000

or d) Product Liability \$1,000,000/\$3,000,000

All contractors must carry (a) and at least one of (b), (c), or (d), depending on the type of service or product being delivered.

If the contractual service requires the transportation of Departmental clients or staff, the contractor shall, in addition to the above coverage, secure at its own expense the following coverage:

e) Automotive Liability (Bodily Injury) \$100,000/\$300,000

f) Automotive Property Damage (to others) \$25,000

Contractor shall be responsible for providing liability insurance for its personnel.

- 4. The policies required under Paragraph B3 must be written to include Comprehensive General Liability coverage, including Bodily Injury and Property damage insurance to protect against claims arising from the performance of the Contractor and the contractor's subcontractors under this Contract and Medical/Professional Liability coverage when applicable.
- 5. The Contractor shall provide a Certificate of Insurance as proof that the Contractor has the required insurance. The certificate shall identify the Department and the Division as the "Certificate Holder" and shall be valid for the contract's period of performance as detailed in Paragraph A 2.
- 6. Contractor shall indemnify and hold harmless the State, its agents and employees, from any and all liability, suits, actions or claims, together with all reasonable costs and expenses (including attorneys' fees) directly arising out of:
 - a. The negligence or other wrongful conduct of the Contractor, its agents or employees, or
 - b. Contractor's breach of any material provision of this Agreement not cured after due notice and opportunity to cure, provided that
 - i. Contractor shall have been notified promptly in writing by Delaware of any notice of such claim; and

ii. Contractor shall have the sole control of the defense of any action on such claim and all negotiations for its settlement or compromise.

If Delaware promptly notifies Contractor in writing of a third party claim against Delaware that any Deliverable infringes a copyright or a trade secret of any third party, Contractor will defend such claim at its expense and will pay any costs or damages that may be finally awarded against Delaware. Contractor will not indemnify Delaware, however, if the claim of infringement is caused by:

- a. Delaware's misuse or modification of the Deliverable;
- b. Delaware's failure to use corrections or enhancements made available by Contractor;
- c. Delaware's use of the Deliverable in combination with any product or information not owned or developed by Contractor;
- d. Delaware's distribution, marketing or use for the benefit of third parties of the Deliverable or
- e. Information, direction, specification, or materials provided by Client or any third party. If any Deliverable is, or in Contractor's opinion is likely to be, held to be infringing, Contractor shall at its expense and option either
 - i. Procure the right for Delaware to continue using it,
 - ii. Replace it with a non-infringing equivalent,
 - iii. Modify it to make it non-infringing.
- 7. The Contractor acknowledges and accepts full responsibility for securing and maintaining all licenses and permits, including the Delaware business license, as applicable and required by law, to engage in business and provide the goods and/or services to be acquired under the terms of this Contract. The Contractor acknowledges and is aware that Delaware law provides for significant penalties associated with the conduct of business without the appropriate license.
- 8. The Contractor agrees to comply with all State and Federal licensing standards and all other applicable standards as required to provide service(s) under this Contract, to assure the quality of services provided under this Contract. The Contractor shall immediately notify the Department in writing of any change in the status of any accreditations, licenses, or certifications in any jurisdiction in which they provide

Service(s) or conduct business. If this change in status regards the fact that its accreditation, licensure, or certification is suspended, revoked, or otherwise impaired in any jurisdiction, the Contractor understands that such action may be grounds for termination of the Contract.

If a contractor is under the regulation of any Department entity and has been assessed Civil Money Penalties (CMPs), or a court has entered a civil judgment against a Contractor or vendor in a case in which DHSS or its agencies was a party, the Contractor or vendor is excluded from other DHSS contractual opportunities or is at risk of contract termination in whole, or in part, until penalties are paid in full or the entity is participating in a corrective action plan approved by the Department.

A corrective action plan must be submitted in writing and must respond to findings of non-compliance with Federal, State, and Department requirements. Corrective action plans must include timeframes for correcting deficiencies and must be approved, in writing, by the Department.

The Contractor will be afforded a thirty (30) day period to cure non-compliance with Section 8(a). If, in the sole judgment of the Department, the Contractor has not made satisfactory progress in curing the infraction(s) within the aforementioned thirty (30) days, then the Department may immediately terminate any and/or all active contracts.

- 9. Contractor, including its parent company and its subsidiaries, and any subcontractor, including its parent company and subsidiaries, agree to comply with all terms, requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and any other federal, state, or local, law, statute, regulation or applicable policy along with all amendments and revision of these laws, in the performance of this Contract and will not discriminate against any applicant or employee or service recipient because of race, creed, religion, age, sex, color, national or ethnic origin, disability, status as a person in a marriage versus a person in a civil union, veteran's status or any unlawful discriminatory basis or criteria. Contractor agrees to honor the conflict of interest provisions of the Delaware Code of Ethics, 29 *Del. C.* Ch. 58.
 - 10. Contractor has or will retain such employees, as it may need to perform the services required by this Agreement. Such employees shall not be employed by Delaware or any other political subdivision of Delaware.
- 11. Contractor will not use Delaware's name, either express or implied, in any of its advertising or sales materials without Delaware's express written consent.
- 12. Contractor warrants that its services will be performed in a good and workmanlike manner. Contractor agrees to re-perform any work not in compliance with this warranty brought to its attention within a reasonable time after that work is performed.

Third-party products within the scope of this Agreement are warranted solely under the terms and conditions of the licenses or other agreements by which such products are governed. With respect to all third-party products and services purchased by Contractor for Delaware in connection with the provision of the Services, Contractor shall pass through or assign to Delaware the rights Contractor obtains from the manufacturers and/or vendors of such products and services (including warranty and indemnification rights), all to the extent that such rights are assignable.

13. This Contract may be terminated in whole or in part by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance, provided that, in its sole discretion, the Department may impose sanctions in lieu of termination as set forth in Appendix A attached to and incorporated into this Contract.

This Contract may be terminated in whole or in part by either party in the event of substantial failure of the other party to fulfill its obligations under this Contract through no fault of the terminating party; but only after the other party is given:

- a. Not less than 30 calendar days written notice of intent to terminate; and
- b. An opportunity for consultation with the terminating party prior to termination.

This Contract may be terminated in whole or in part by the Department for its convenience, but only after Contractor is given:

- a. Not less than 30 calendar days written notice of intent to terminate; and
- b. An opportunity for consultation with The Department prior to termination.

If termination for default is effected by the Department, the Department will pay Contractor that portion of the compensation which has been earned as of the effective date of termination but:

- a. No amount shall be allowed for anticipated profit on performed or unperformed services or other work, and b. Any payment due to Contractor at the time of termination may be adjusted to the extent of any additional costs occasioned to the Department by reason of Contractor's default.
- b. Upon termination for default, the Department may take over the work and prosecute the same to completion by agreement with another party or otherwise. In the event Contractor shall cease conducting business, the Department shall have the right to make an unsolicited offer of employment to any employees of Contractor assigned to the performance of the Contract, notwithstanding any provisions in this document to the contrary.

If after termination for failure of Contractor to fulfill contractual obligations it is determined that Contractor has not so failed, the termination shall be deemed to have been effected for the convenience of the Department.

The rights and remedies of the Department and Contractor provided in this section are in addition to any other rights and remedies provided by law or under this Contract.

In the event of termination, all finished or unfinished documents, data, studies, surveys, drawings, models, maps, photographs, and reports or other material prepared by Contractor under this contract shall, at the option of the Department, become the property of the Department.

In the event of termination, the Contractor, upon receiving the termination notice, shall immediately cease work and refrain from purchasing contract related items unless otherwise instructed by the Department.

The Contractor shall be entitled to receive reasonable compensation as determined by the Department in its sole discretion for any satisfactory work completed on such documents and other materials that are usable to the Department. Whether such work is satisfactory and usable is determined by the Department in its sole discretion.

Should the Contractor cease conducting business, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or assets, or shall avail itself of, or become subject to any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors, then at the option of the Department, this Contract shall terminate and be of no further force and effect. Contractor shall notify the Department immediately of such events.

14. The Department may suspend performance by Contractor under this Contract for such period of time as the Department, at its sole discretion, may prescribe by providing written notice to Contractor at least 30 working days prior to the date on which the Department wishes to suspend. Upon such suspension, the Department shall pay Contractor its compensation, based on the percentage of the project completed and earned until the effective date of suspension, less all previous payments. Contractor shall not perform further work under this Contract after the effective date of suspension. Contractor shall not perform further work under this Contract after the effective date of suspension until receipt of written notice from the Department to resume performance.

In the event the Department suspends performance by Contractor for any cause other than the error or omission of the Contractor, for an aggregate period in excess of 30 days, Contractor shall be entitled to an equitable adjustment of the compensation payable to Contractor under this Contract to reimburse for additional costs occasioned as a result of such suspension of performance by the Department based on appropriated funds and approval by the Department.

Any notice required or permitted under this Contract shall be effective upon receipt and may be hand delivered with receipt requested or by registered or certified mail with return receipt requested to the addresses listed below. Either Party may change its address for notices and official formal correspondence upon five (5) days written notice to the other.

To the Department at:

To the Contractor at:

15. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Contract, the remainder of the Contract will remain unaffected.

If any term or provision of this Contract is found by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable, the same shall not affect the other terms or provisions hereof or the whole of this Contract, but such term or provision shall be deemed modified to the extent necessary in the court's opinion to render such term or provision enforceable, and the rights and obligations of the parties shall be construed and enforced accordingly, preserving to the fullest permissible extent the intent and agreements of the parties herein set forth.

- 16. This Contract shall not be altered, changed, modified, or amended except by written consent of all Parties to the Contract.
- 17. The Contractor shall not enter into any subcontract for any portion of the services covered by this Contract without obtaining prior written approval of the Department. Approval by Delaware of Contractor's request to subcontract or acceptance of or payment for subcontracted work by Delaware shall not in any way relieve Contractor of responsibility for the professional and technical accuracy and adequacy of the work. All subcontractors shall adhere to all applicable provisions of this Agreement.

Any such subcontract shall be subject to all the conditions and provisions of this Contract. The approval requirements of this paragraph do not extend to the purchase of articles, supplies, equipment, rentals, leases and other day-to-day operational expenses in support of staff or facilities providing the services covered by this Contract.

18. This entire Contract between the Contractor and the Department is composed of these several pages and the attached:

Appendix A– Divisional Requirements
Appendix B –Contract Budget
Appendix C- Service Description (Scope of Services)
DHSS Request for Proposal (RFP) # HSS-XX-XXX
Vendor's Proposal in response to RFP #HSS-XX-XXX

This contract and its Appendices shall constitute the entire agreement between The Department and Contractor with respect to the subject matter of this Contract and shall not be modified or changed without the express written consent of the parties. The provisions of this contract supersede all prior oral and written quotations, communications, agreements, and understandings of the parties with respect to the subject matter of this Contract.

Should a conflict arise in the language found among the above-named documents, the documents shall govern in the following order:

- 1) This DHSS Contract
- 2) DHSS Request for Proposal (RFP)# HSS-XX-XXX
- 3) Vendor's Proposal in response to RFP # HSS- XX-XXX Appendix A- Divisional Requirements
- 4) Appendix B- Contract Budget Appendix C- Service Description (Scope of Services)

If the scope of any provision of this Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the Contract shall not thereby fail, but the scope of such provision shall be curtailed only to the extent necessary to conform to the law.

Contractor may not order any product requiring a purchase order prior to The Department's issuance of such order. Each Appendix, except as its terms otherwise expressly provide, shall be a complete statement of its subject matter and shall supplement and modify the terms and conditions of this Contract for the purposes of that engagement only. No other agreements, representations, warranties or other matters, whether oral or written, shall be deemed to bind the parties hereto with respect to the subject matter hereof.

19. This Contract shall be governed by and construed in accordance with the laws of the State of Delaware, except where Federal Law has precedence. Contractor consents to jurisdiction and venue in the State of Delaware.

Except as may be otherwise provided in this contract, all claims, counterclaims, disputes and other matters in question between the Department and Contractor arising out of or

relating to this Contract or the breach thereof will be decided by arbitration if the parties hereto mutually agree, or in a court of competent jurisdiction within the State of Delaware.

- 20. In the event Contractor is successful in an action under the antitrust laws of the United States and/or the State of Delaware against a vendor, supplier, subcontractor, or other party who provides particular goods or services to the Contractor that impact the budget for this Contract, Contractor agrees to reimburse the State of Delaware, Department of Health and Social Services for the pro-rata portion of the damages awarded that are attributable to the goods or services used by the Contractor to fulfill the requirements of this Contract. In the event Contractor refuses or neglects after reasonable written notice by the Department to bring such antitrust action, Contractor shall be deemed to have assigned such action to the Department.
- 21. Contractor covenants that it presently has no interest and shall not acquire any interests, direct or indirect, that would conflict in any manner or degree with the performance of this Contract. Contractor further covenants that in the performance of this contract, it shall not employ any person having such interest.
- 22. Contractor covenants that it has not employed or retained any company or person who is working primarily for the Contractor, to solicit or secure this Contract, by improperly influencing the Department or any of its employees in any professional procurement process; and, the Contractor has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bona fide employee working primarily for the Contractor, any fee, commission, percentage, gift or any other consideration contingent upon or resulting from the award or making of this agreement. For the violation of this provision, the Department shall have the right to terminate the Contract without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.
- 23. The Department shall have the unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, any reports, data, or other materials prepared under this Contract. Contractor shall have no right to copyright any material produced in whole or in part under this Contract. Upon the request of the Department, the Contractor shall execute additional documents as are required to assure the transfer of such copyrights to the Department.

Contractor retains all title and interest to the data it furnished and/or generated pursuant to this Agreement. Retention of such title and interest does not conflict with Delaware's rights to the materials, information, and documents developed in performing the project. Upon final payment, Delaware shall have a perpetual, nontransferable, non-exclusive paid-up right and license to use, copy, modify, and prepare derivative works of all materials in which Contractor retains title, whether individually by Contractor or jointly with Delaware. Any and all source code developed in connection with the services provided will be provided to Delaware, and the aforementioned right and license shall apply to source code. The parties will cooperate with each other and execute such other

documents as may be reasonably deemed necessary to achieve the objectives of this Section.

If the use of any services or deliverables is prohibited by court action based on a U.S. patent or copyright infringement claim, Contractor shall, at its own expense, buy for the Department the right to continue using the services or deliverables or modify or replace the product with no material loss in use, at the option of the Department.

- 24. Contractor agrees that no information obtained pursuant to this Contract may be released in any form except in compliance with applicable laws and policies on the confidentiality of information and except as necessary for the proper discharge of the Contractor's obligations under this Contract.
- 25. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Contract unless stated to be such in writing, signed by authorized representatives of all parties and attached to the original Contract.
- 26. If the amount of this contract listed in Paragraph C2 is over \$25,000, the Contractor, by their signature in Section E, is representing that the Firm and/or its Principals, along with its subcontractors and assignees under this Contract, are not currently subject to either suspension or debarment from Procurement and Non-Procurement activities by the Federal Government.

C) Financial Requirements

- 1. The rights and obligations of each Party to this Contract are not effective and no Party is bound by the terms of this contract unless, and until, a validly executed Purchase Order is approved by the Secretary of Finance and received by Contractor, *if required by the State of Delaware Budget and Accounting Manual*, and all policies and procedures of the Department of Finance have been met. The obligations of the Department under this Contract are expressly limited to the amount of any approved Purchase Order. The State will not be liable for expenditures made or services delivered prior to Contractor's receipt of the Purchase Order.
- 2. Total payments under this Contract shall not exceed \$ _____ in accordance with the budget presented in Appendix C. Payment will be made upon receipt of an itemized invoice from the Contractor in accordance with the payment schedule, if any. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs, or conditions. Contractor is responsible for costs incurred in excess of the total cost of this Contract and the Department is not responsible for such costs.

Contractor shall submit monthly invoices to Delaware in sufficient detail to support the services provided during the previous month. Delaware agrees to pay those invoices within thirty (30) days of receipt. In the event Delaware disputes a portion of an invoice, Delaware agrees to pay the undisputed portion of the invoice within thirty (30) days of receipt and to provide Contractor a detailed statement of Delaware's position on the disputed portion of the invoice within thirty (30) days of receipt.

3. Validity and enforcement of this Contract is subject to appropriations by the General Assembly of the specific funds necessary for contract performance. Should such funds not be so appropriated the Department may immediately terminate this Contract, and absent such action this Contract shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

Notwithstanding any other provisions of this Contract, this Contract shall terminate and the Department's obligations under it shall be extinguished at the end of the fiscal year in which the state of Delaware fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts, which will then become due.

- 4. Delaware is a sovereign entity, and shall not be liable for the payment of federal, state and local sales, use and excise taxes, including any interest and penalties from any related deficiency, which may become due and payable as a consequence of this Agreement.
- 5. The Contractor is solely responsible for the payment of all amounts due to all subcontractors and suppliers of goods, materials, or services, which may have been acquired by or provided to the Contractor in the performance of this contract. The Department is not responsible for the payment of such subcontractors or suppliers.

Unless provided otherwise in an Appendix, all expenses incurred in the performance of the services are to be paid by Contractor. If an Appendix specifically provides for expense reimbursement, Contractor shall be reimbursed only for reasonable expenses incurred by Contractor in the performance of the services, including, but not necessarily limited to, travel and lodging expenses, communications charges, and computer time and supplies.

- 6. The Contractor shall not assign the Contract or any portion thereof without prior written approval of the Department and subject to such conditions and revisions as the Department may deem necessary. No such approval by the Department of any assignment shall be deemed to provide for the incurrence of any obligations of the Department in addition to the total agreed upon price of the Contract.
- 7. Contractor shall maintain books, records, documents and other evidence directly pertinent to performance under this Contract in accordance with generally accepted accounting principles and practices. Contractor shall also maintain the financial information and data

used by Contractor in the preparation of support of its bid or proposal. Contractor shall retain this information for a period of five (5) years from the date services were rendered by the Contractor. Records involving matters in litigation shall be retained for one (1) year following the termination of such litigation. The Department shall have access to such books, records, documents, and other evidence for the purpose of inspection, auditing, and copying during normal business hours of the Contractor after giving reasonable notice. Contractor will provide facilities for such access and inspection.

8. The Contractor agrees that any submission by or on behalf of the Contractor of any claim for payment by the Department shall constitute certification by the Contractor that the services or items for which payment is claimed were actually rendered by the Contractor or its agents, and that all information submitted in support of the claims is true, accurate, and complete.

All invoices, reports, documents provided in response to an audit, and any documentation provided to the Department pursuant to any contractual obligation as set forth herein including any chart or compilation of data, report, or other document produced by the Contractor for presentment to the Department shall contain, in a prominently displayed location, the following written certification:

"I hereby certify that the information reported herein is true, accurate, and complete. I understand that these reports are made in support of claims for government funds."

Any certification related to information and documents produced to the Department shall be certified only by the Contractor's Contract Manager

- 9. The cost of any Contract audit disallowances resulting from the examination of the Contractor's financial records will be borne by the Contractor. Reimbursement to the Department for disallowances shall be drawn from the Contractor's own resources and not charged to Contract costs or cost pools indirectly charging Contract costs.
- 10. When the Department desires any addition or deletion to the deliverables or a change in the services to be provided under this Contract, it shall so notify the Contractor. The Department will develop a Contract Amendment authorizing said change. The Amendment shall state whether the change shall cause an alteration in the price or time required by the Contractor for any aspect of its performance under the Contract. Pricing of changes shall be consistent with those prices or costs established within this Contract. Such amendment shall not be effective until executed by all Parties.

D) Miscellaneous Requirements

- 2. If applicable, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 46, (PM #46, effective 3/11/05), and divisional procedures regarding the reporting and investigation of suspected abuse, neglect, mistreatment, misappropriation of property and significant injury of residents/clients receiving services, including providing testimony at any administrative proceedings arising from such investigations. The policy and procedures are included as Appendix __A-1_ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor's procedures must include the position(s) responsible for the PM46 process in the provider agency. The Contractor must maintain documentation of staff training on PM46.
- 3. When required by Law, Contractor shall conduct child abuse and adult abuse registry checks and obtain service letters in accordance with 19 <u>Del. Code</u> Section 708; and 11 <u>Del. Code</u>, Sections 8563 and 8564. Contractor shall not employ individuals with adverse registry findings in the performance of this contract.
- 4. If applicable, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 40 (PM #40, effective 3/10/2008), and divisional procedures regarding conducting criminal background checks and handling adverse findings of the criminal background checks. This policy and procedure are included as Appendix _____ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor's procedures must include the title of the position(s) responsible for the PM40 process in the contractor's agency.
- 5. If applicable, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 36 (PM #36, effective 9/24/2008), and divisional procedures regarding minimal requirements of contractors who are engaging in a contractual agreement to develop community based residential arrangements for those individuals served by Divisions within DHSS. This policy and procedure are included as Appendix ______ to this Contract. It is understood that adherence to this policy includes individuals/entities that enter into a contractual arrangement (contractors) with the DHSS/Division to develop a community based residential home(s) and apartment(s). Contractors shall be responsible for their subcontractors' adherence with this policy and related protocol(s) established by the applicable Division.
- 6. All Department campuses are tobacco-free. Contractors, their employees, and sub-contractors are prohibited from using any tobacco products while on Department property. This prohibition extends to personal vehicles parked in Department parking lots.

E) Authorized Signatures:

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be duly executed as of the date and year first above written.

For the Contractor:	For the Department:
Signature	Rita M. Landgraf Secretary
Name (please print)	
Title	Date
Date	For the Division:
	[Division Director Name Here]
	Date

Attachment 1

Monthly Usage Report

State of Delaware Monthly Usage Report Supplier Name: Report Start Date: Insert Contract No. **Contact Name: Report End Date: Contact Phone: Today's Date:** Division Agency Additional **Environmentally** Contract **Contract** or Budget Unit of Qt Total Name or **UNSPSC Item Description** Item **Preferred Product or Discount** Name **Proposal** School Code Measure Spend y Number Service Y N Price/Rate of Granted **District** School \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

	State of Delaware Subcontracting (2nd tier) Quarterly Report																
Prime Name:							Report Start Date:										
Contract Name/Number							Report End Date:										
Contact Name:						Today's Date:											
Contact Phone:							*Minimum Required Requested detail										
Prime Contract or Name*	Prime Contract or TaxID*	Contra ct Name/ Numbe r*	Prime Conta ct Name*	Prime Conta ct Phone	Repo rt Start Date*	Repo rt End Date*	Amount Paid to Subcontracto r*	Work Performed by Subcontracto r UNSPSC	M/WBE Certifyi ng Agency	Veteran/Servi ce Disabled Veteran Certifying Agency	2nd tier Supplie r Name	2nd tier Supplie r Addres s	2nd tier Supplie r Phone Numbe r	2nd tier Supplie r email	Descri ption of Work Perfor med	2nd tier Supplie r Tax Id	Dat e Pai d

Definitions

The following definitions are from the **State Office of Supplier Diversity**

Vendors wishing to apply for certification or gain more information on Supplier Diversity

programs may do so at:

http://gss.omb.delaware.gov/osd/certify.shtml

http://gss.omb.delaware.gov/osd/index.shtml

Definitions

Women Owned Business Enterprise (WBE):

At least 51% is owned by women, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by women; or any business enterprise that is approved or certified as such for purposes of participation in contracts subject to women-owned business enterprise requirements involving federal programs and federal funds.

Minority Business Enterprise (MBE):

At least 51% is owned by minority group members; or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any business enterprise that is approved or certified as such for purposes of participation in contracts subjects to minority business enterprises requirements involving federal programs and federal funds.

Corporation:

An artificial legal entity treated as an individual, having rights and liabilities distinct from those of the persons of its members, and vested with the capacity to transact business, within the limits of the powers granted by law to the entity.

Partnership:

An agreement under which two or more persons carry on a business, sharing in the profit or losses, but each liable for losses to the extent of his or her personal assets.

Individual:

Self-explanatory

For certification in one of above, the bidder must contract: Michelle Morin Office of Supplier Diversity (302) 857-4554 Fax (302) 677-7086